

PSJ16 – Rite Aid Opp Br to Defs Dkt # 1779

Exhibit 8



GOV'T AFFAIRS/ASSET PROTECTION

October 12, 2012

 SERVICE  GROWTH  EXCELLENCE

OBJECTIVES

- ▶ Drug Trends
- ▶ DEA/Regulatory Compliance
- ▶ Drug Loss Investigations
 - ↳ Monthly counts – Importance
 - ↳ Suspected Loss
 - ↳ DEA Form 106
 - DUR – Reports
 - Audit Spreadsheets
 - Information not included
 - Ethics Point Entry – subpoena
 - ↳ Partnership – PDM/APDM/HR



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OBJECTIVES

▶ CSMP

- ↳ Corresponding Responsibility

- ↳ PDMP

▶ Pharmacy Robbery

▶ Combat Methamphetamine



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DRUG TRENDS

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DRUG DIVERSION

► Definition

- ↳ Use of any prescription drug for recreational purpose

► Happening every day

- ↳ Many ways
- ↳ All neighborhoods
- ↳ Workplace



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THOUGHT PROCESS

- ▶ Patient is prescribed the controlled substance
 - ↳ Dental surgery
 - ↳ Sports Injury
- ▶ Patient thinks it's ok – being prescribed
- ▶ Pharmacy dispenses the medication
- ▶ Does not realize it becomes addicting



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PRESCRIPTION DRUG ABUSE

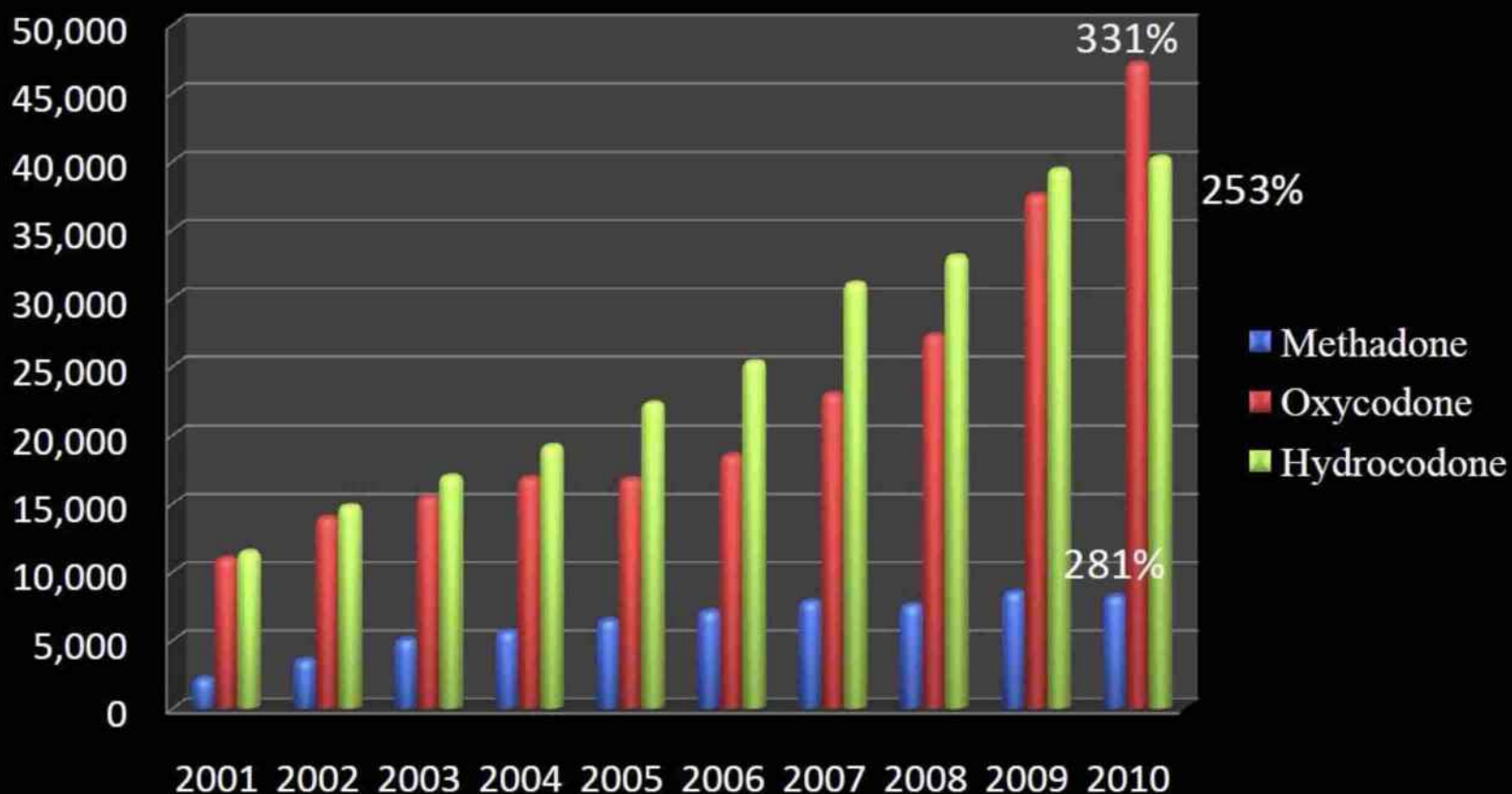
- ▶ Declared an epidemic
- ▶ More Americans abuse prescription drugs than the number of:
 - ↳ Cocaine
 - ↳ Hallucinogen
 - ↳ Heroin
 - ↳ Inhalant abusers

COMBINED



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NFLIS Estimated U.S. Law Enforcement Encounters



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TOP ITEMS FOR DRUG DIVERSION

- ▶ Opioids – Hydro's/Oxy's
- ▶ Pseudoephedrine
- ▶ Dextromethorphan
- ▶ Depressants – alprazolam
- ▶ Stimulants – amphetamine/methylphenidate
- ▶ Muscle relaxants – carisoprodol, cyclobenzaprine



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HYDROCODONE

- ▶ #1 prescription drug sold in the U.S.
 - ↳ Hydrocodone/APAP
 - ↳ Lipitor
 - ↳ Amoxicillin
 - ↳ Lisinopril
 - ↳ Simvastatin
- ▶ 99% of the worlds hydrocodone is in the U.S.
- ▶ 131,200,000 prescriptions sold for hydrocodone in 2010



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OXYCONTIN

- ▶ Extended release
 - ↳ Larger doses of oxycodone than the IR formulation
- ▶ Street Value: \$80 per 80mg tablet



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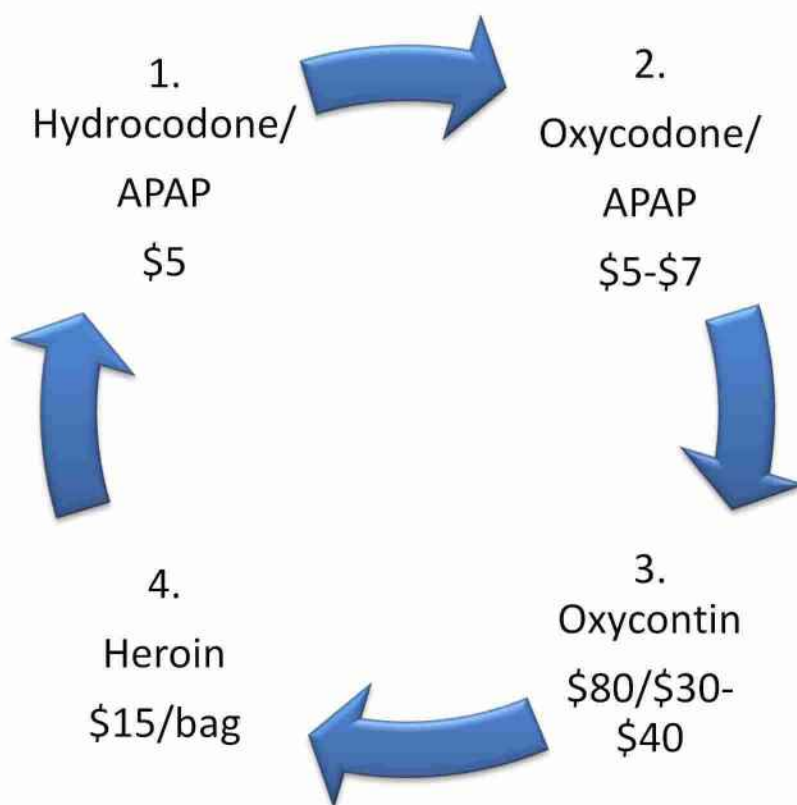
ALPRAZOLAM (Z-BARS)

- ▶ Preferred
 - ↳ Rapid onset
 - ↳ Longer duration
- ▶ Ranked #3 in number of controlled substance prescriptions dispensed from 2003-2006



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DRUG ABUSE CYCLE



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CLOSED DISTRIBUTION SYSTEM

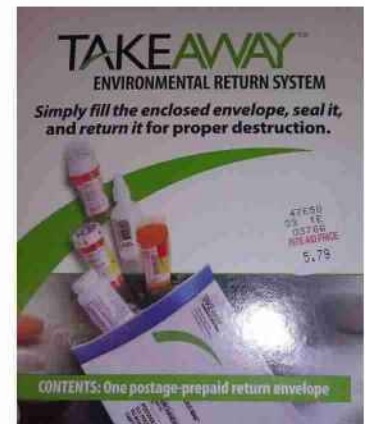
▶ Controlled Substances Act of 1970

- ➔ Closed System of Distribution to prevent diversion
- ➔ Must be registered with the DEA to lawfully handle controlled substances
- ➔ Ultimate users are not required to register with the DEA to possess controlled substances



CLOSED DISTRIBUTION SYSTEM

- ▶ Ultimate User – lawfully obtained for his own use
- ▶ Reverse Distribution
 - ➔ Stores cannot take prescription drugs back from a patient
 - ➔ Offer Take Away Box for sale
- ▶ Law Enforcement may receive controlled substances from ultimate users
 - ➔ Drug Take Back Days
 - ➔ Drug Drop Off Boxes



CONTROLLED SUBSTANCE RECORDKEEPING

- ▶ Reverse Distributer Reports
 - ↳ Automatically prints in the pharmacy
 - ↳ Pharmacist matches their controlled outdate transfer to the report
 - ↳ Verify quantities
 - ↳ File in corresponding tab
- ▶ Store to Store transfers
 - ↳ Must contain sending and reverse
 - ↳ If a controlled substance is transferred store to store a copy of the transfer detail must be filed in the controlled substance recordkeeping box



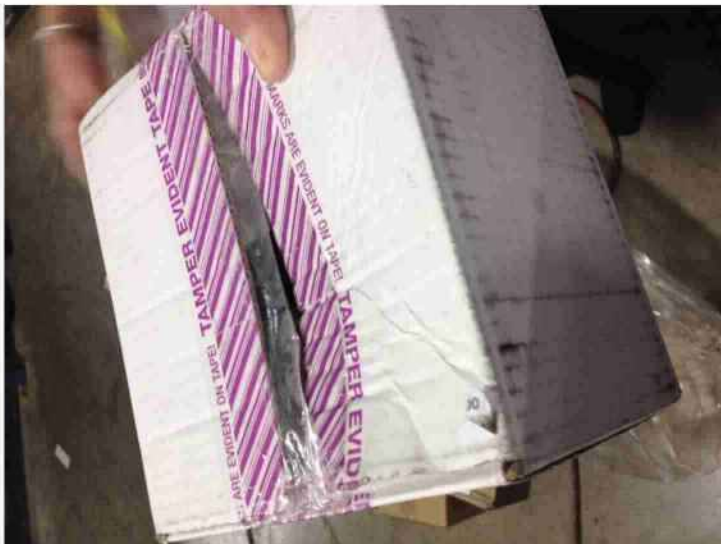
REVERSE DISTRIBUTION FEDEX/MEDTURN RECAP

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PACKAGING

Reusing ANDA Boxes

- Clear tape over already tampered “Tamper Resistant Tape”
- Enables opening and resealing of packages in 1 motion.



PACKAGING/LABELING

Multiple Labels

- Old ANDA shipping label was not removed
- All other Retailers are using black and white labels
 - Rite Aid's labels are blocked out with blue
 - Easily identified



THE TRANSIT PROCESS

How do our packages hold up during the FedEx transit process?

- **1st Picture**
 - **Bottles were not closed tightly**
 - **Evident that pills were loose in the box**
 - **Bubble wrap was not used for glass bottles**
 - **Medication syrup was leaking from the package**
- **2nd Picture**
 - **Syrup leaked as the package was pulled off the belt**



THE TRANSIT PROCESS

How do our packages hold up during the FedEx transit process?

► 1st Picture

- 1 Fluzone Vial packaged in a 16"X10"X9" RX Returns Box without any fillers

► 2nd Picture

- 1 CII item packaged in a 8"X8"X8" RX Returns Box without any fillers
- Box was crushed during the transit process
- Enabled easy access to the package or the item potentially getting lost in transit



TAPE

The technique and adhesiveness of the security tape

- Pictured on the top row
 - The security tape is not very adhesive
 - Can easily open the box without any evidence of tampering
- Pictured on the bottom row
 - Left - 1 strip of tape to secure the package resulted in an open package
 - Right – 2 strips of tape, 1 on each side of the flap. Left a large gap down the center of the package



POTENTIAL SOLUTIONS

- ▶ Remove “MedTurn” name from label.
 - ↳ Replace with “MT”
- ▶ Change to 3 Day Express
 - ↳ Boxes/Bags provided free via FedEx
 - More secure and less likely to get tampered with.
- ▶ Eliminate use of security tape
 - ↳ Easily identifiable
 - ↳ Comes off easy.
- ▶ Additional barcode to identify controls



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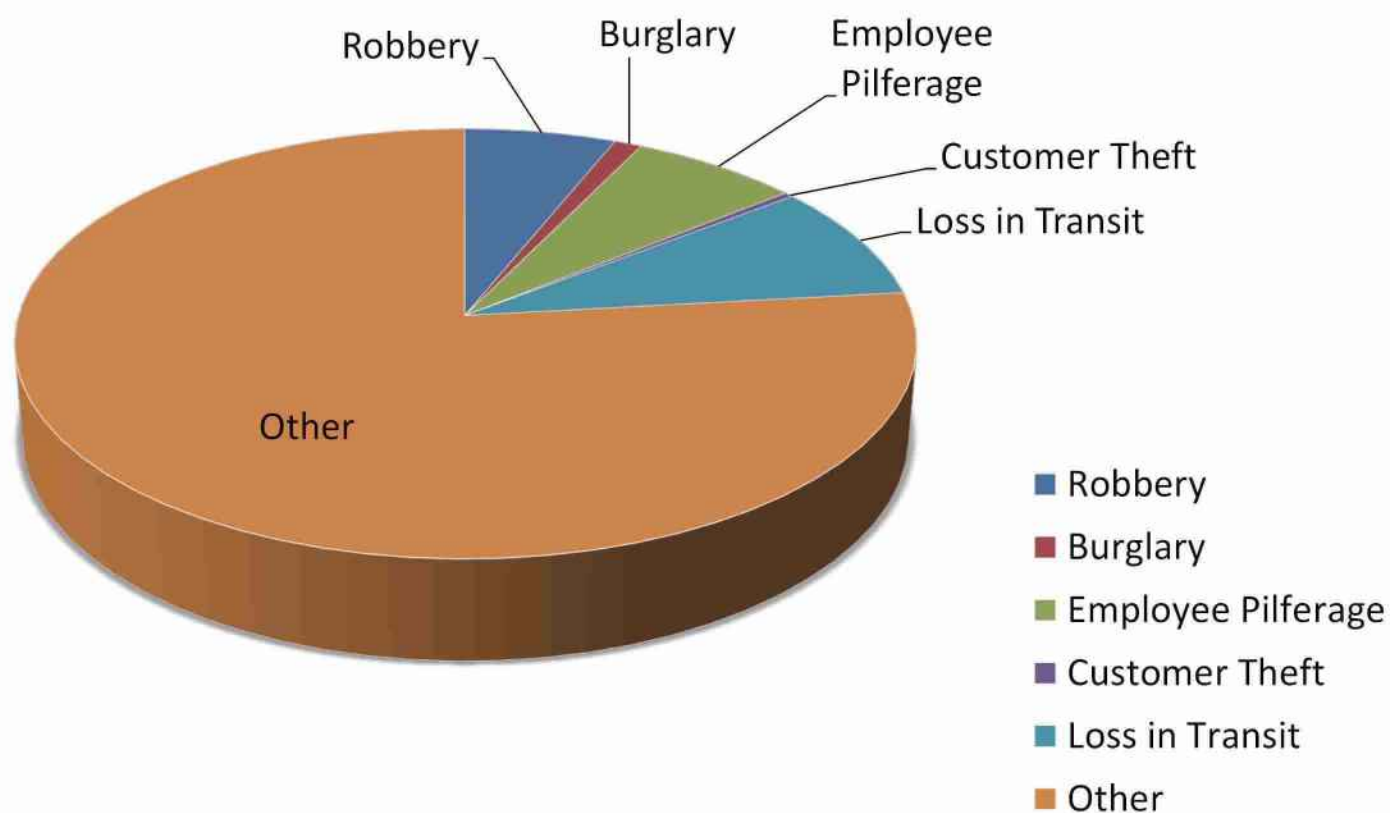


DEA/REGULATORY COMPLIANCE

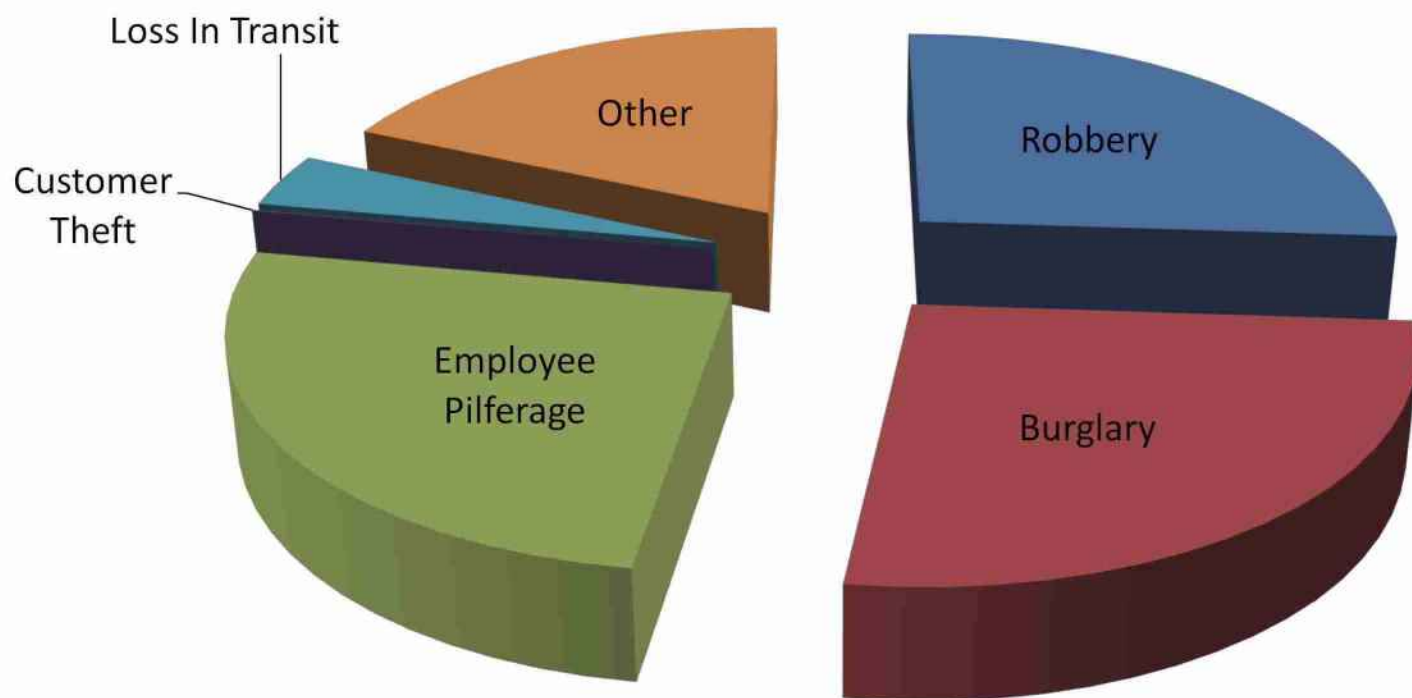
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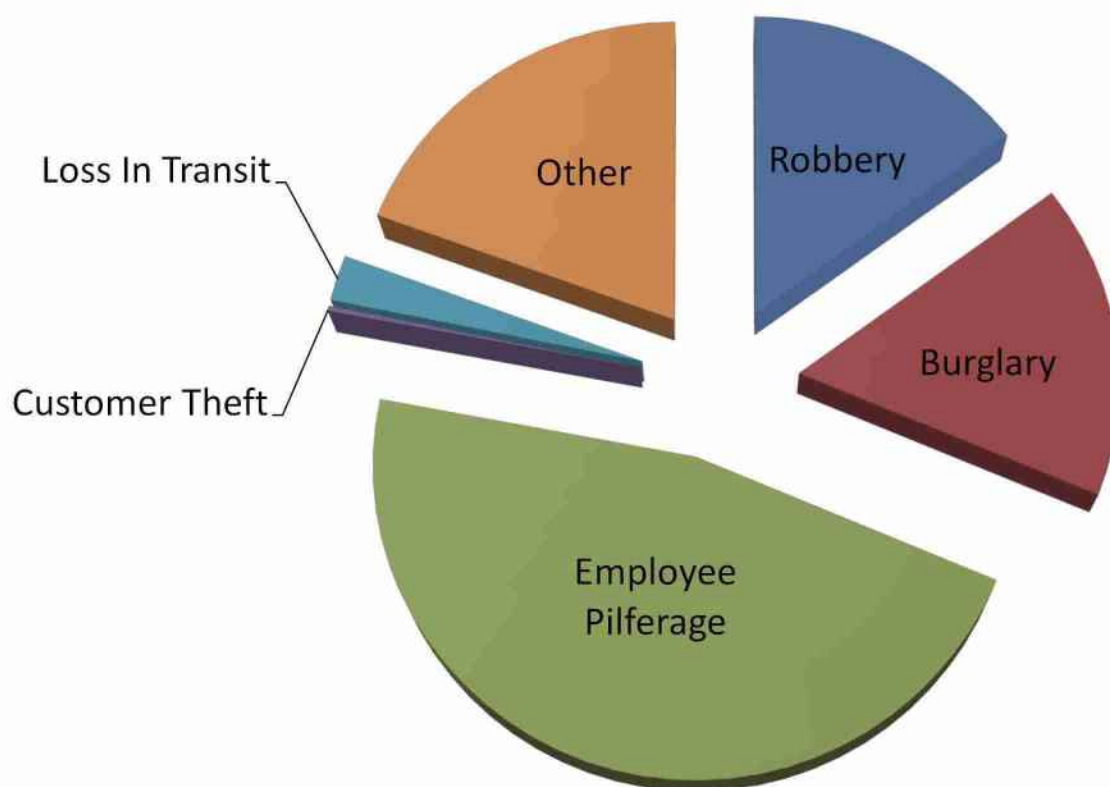
DEA 106 – BY NUMBER OF INCIDENTS



DEA 106 – BY DOLLAR VALUE



DEA 106 – BY DOSAGE UNITS



CONTROLLED SUBSTANCE THEFT AND LOSS

► Notify DEA

- ➔ Immediately upon discovery of a theft of significant loss of controlled substances, a pharmacy, as required by regulation, must contact the nearest DEA Diversion Field Office by telephone, facsimile or by a brief written message explaining the circumstances. **If there is a question as to whether a theft has occurred or a loss is significant, a registrant should err on the side of caution and report it to DEA.**



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DEA FORM 106 PROCESS

► Potential Loss

- ↳ PIC identifies a discrepancy
- ↳ APDM notified of NaviScript Inventory Case opened from corporate
- ↳ Hotline tip
- ↳ Local Police Report
- ↳ Potential diversion



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DEA FORM 106 PROCESS - PARTNERSHIP

- ▶ PDM / APDM must partner together!
 - ↳ Preliminary investigation to confirm a potential loss
 - Confirmed **no loss** within 24 hours = no suspected loss
 - Confirmed **loss** within 24 hours = suspected loss
 - **Cannot confirm** no loss within 24 hours = suspected loss



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DEA FORM 106 PROCESS – SUSPECTED LOSS FORM

PDM completes a Suspected Loss Form
and faxes to the local DEA office and
Pharmacy Board
within 1 business day

NOTE: APDM/DM can complete in
PDM absence



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DEA FORM 106 PROCESS – SUSPECTED LOSS FORM

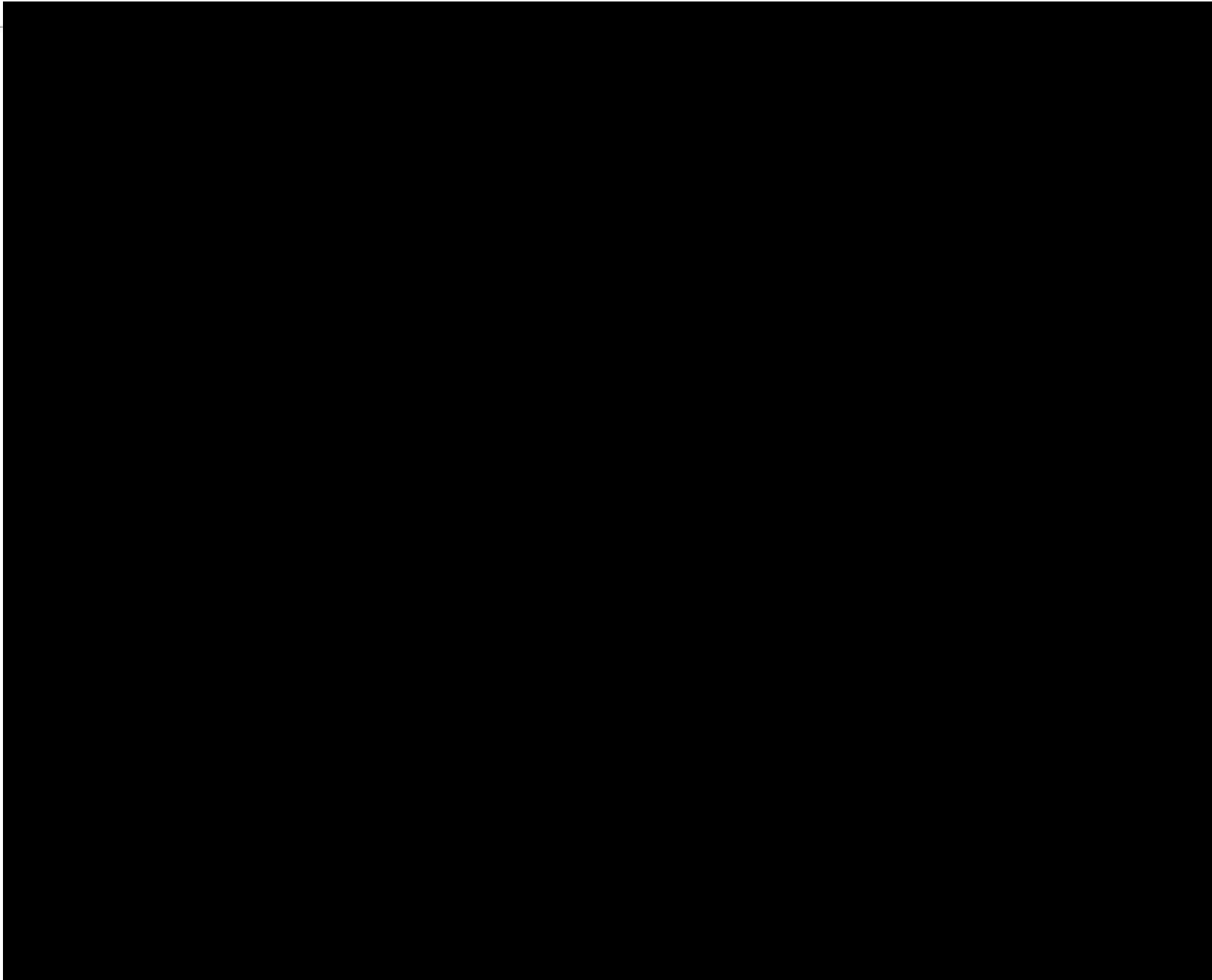
Send (fax/email) a copy of the
**Suspected Loss Form &
DEA fax receipt confirmation**
to

Andrea Bucher [REDACTED]

and to your
RVP/RxVP and APDM



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**SUSPECTED CONTROLLED SUBSTANCE LOSS
DEA Notification**

DIVISION 2

Date: _____

Dear Agent in Charge:

The Rite Aid pharmacy listed below has identified a suspected loss. If we confirm the suspected loss as actual, we will initiate a loss prevention investigation and notify the local police department and state regulatory agency. We will submit a DEA-106 once we have gathered adequate information about the actual loss. If you have any questions concerning this suspected loss or the outcome of the preliminary audit, or if you would like to assist in the investigation, please contact the Pharmacy District Manager listed below.

Date of Suspected Loss: _____ Details: _____

Rite Aid Pharmacy Store #: _____ Telephone: _____ DEA Number: _____

Store Address: _____

Pharmacy District Manager: _____

Address: _____

Office Telephone: _____ Cell Phone: _____

Loss Prevention Manager: _____

DEA Offices Covering Rite Aid Division 2

DEA Office	Area/State Covered	Fax Number	DEA Office	Area/State Covered	Fax Number
Detroit	Michigan	313-226-7545	New York	NY minus Buffalo/Long Island	212-337-1536
Cincinnati	Southern OH	513-664-3080	Long Island	Long Island	631-420-4551
Cleveland	Northern OH	216-664-1307	Boston	Massachusetts	617-557-2126
Columbus	Central/Southern OH	614-469-5786	Manchester	ME/NH	603-626-7486
Pittsburgh	Western PA	412-777-1880	Providence	Rhode Island	401-732-3310
Philadelphia	Delaware/Eastern PA	215-238-5170	Hartford	Connecticut	860-257-2615
Buffalo	Western/Central NY	716-843-2154	Charleston	West Virginia	304-347-5212
Albany	Albany area	518-762-2066	Newark	Northern/Central NJ	973-776-1166
Burlington	Vermont	802-951-2970	Atlantic City	Atlantic City/SW NJ	609-363-0664
Camden	Southern NJ	856-321-2437			

Board of Pharmacy	Fax Number	Board of Pharmacy	Fax Number
Ohio	614-752-4636	Massachusetts	617-973-0983
West Virginia	304-556-0572	Vermont	802-626-2465
Michigan	517-241-5072	Rhode Island	401-222-2158
New Jersey	973-648-3355	Connecticut	860-713-7242
New York	516-473-6995	New Hampshire	603-271-2856
Maine	207-624-6637		

NOTE: Please fax a copy of the SUSPECTED LOSS FORM and DEA fax receipt confirmation to Rite Aid Corporate/Janet Hart at 717-975-3760 and your RAMP and a copy of the suspected loss form to the LPM.

SUSPECTED LOSS FORM

- ▶ Suspected Loss Form triggers a reminder program
 - ↳ 14 / 21 / 28 day reminder
 - ↳ At 28 days the issue is heightened to Vice President Pharmacy Operations



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INVESTIGATION

- ▶ An investigation should be completed within 28 days
- ▶ PDM and APDM must work together to develop an action plan and begin a drug loss investigation



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NO LOSS

If after an investigation no loss is
discovered,
the form can be updated
and re-faxed to the
DEA / Board to
close the file



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COMPLETE CONTROLLED SUBSTANCE AUDIT

- ▶ PDM or designee **MUST** complete an audit for all controlled substances
 - ↳ **CII, III, IV & V - (NO EXCEPTIONS)**
- ▶ Establish a starting date and an ending date for the audit period



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WHY A COMPLETE PHYSICAL COUNT?

- ▶ Official results to the Board/DEA
 - ↳ Especially with theft by a registered individual
- ▶ Results to police/prosecutor for their case
- ▶ Designated official records for accountability
- ▶ Protect the associates in the pharmacy



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DRUG UTILIZATION REPORT

► Request reports and populated spreadsheet to complete the audit

→ Andrea Bucher

- [REDACTED]
- [REDACTED]



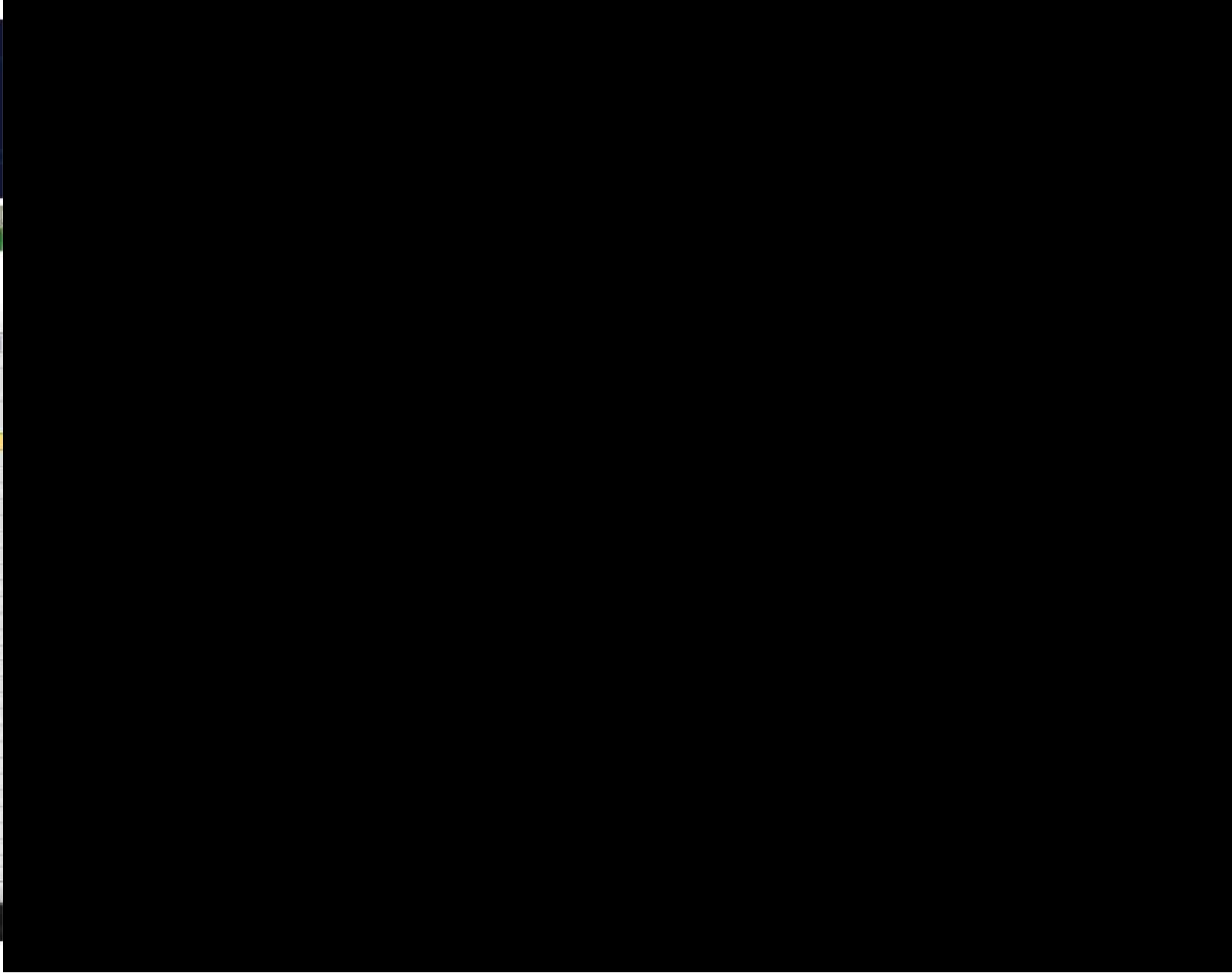
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REPORTS INCLUDE:

- ▶ Summary or detailed DUR's
- ▶ McKesson purchases
- ▶ ANDA purchases
- ▶ Rite Aid distribution center purchases
- ▶ MedTurn return report
- ▶ Store to store transfers



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GCN ROLL UP CODES

- ▶ GCN roll up codes are included on the second tab of the audit spreadsheet
- ▶ This identifies all NDCs associated with a specific roll up code
 - ↳ For example: Oxycodone/APAP may include Endocet/Percocet
 - ↳ Package sizes will also be grouped



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REPORT DATA

- ▶ Several factors may impact spreadsheet data:
 - ↳ When truck was received in the pharmacy
 - Pick date versus delivery date
 - ↳ Was count at start or close of business
 - Impacts sales data
 - ↳ Was start/end count completed properly
 - ↳ Acquisition data must be entered by PDM
 - ↳ Form 106's filed during audit period must added
- ▶ Need to review hard copy reports



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AUDIT RESULTS

- ▶ Review spreadsheet with hard copy reports to determine a loss
- ▶ Never report overages
- ▶ Balance within a drug type (hydrocodones)
- ▶ Exercise professional judgment
 - ↳ Remember Class III-V drugs are estimated values except select hydrocodone/alprazolam products



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DRAFTING DEA FORM 106

- ▶ Draft the Form 106 for **any** discrepancy or shortage
- ▶ NOTE: Only controlled substances are placed on the back page of the Form 106
 - ↳ No Viagra/Cialis



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REPORT OF THEFT OR LOSS OF CONTROLLED SUBSTANCES

Federal Regulations require registrants to submit a detailed report of any theft or loss of Controlled Substances to the Drug Enforcement Administration.

Complete the front and back of this form in triplicate. Forward the original and duplicate copies to the nearest DEA Office. Retain the triplicate copy for your records. Some states may also require a copy of this report.

OMB APPROVAL
No. 1117-0001

1. Name and Address of Registrant (Include ZIP Code)		2. Phone No. (Include Area Code)	
ZIP CODE [][][][][][][]			
3. DEA Registration Number 2 ltr. prefix [][] 7 digit suffix [][][][][][][]	4. Date of Theft or Loss	5. Principal Business of Registrant (Check one) 1 <input type="checkbox"/> Pharmacy 5 <input type="checkbox"/> Distributor 2 <input type="checkbox"/> Practitioner 6 <input type="checkbox"/> Methadone Program 3 <input type="checkbox"/> Manufacturer 7 <input type="checkbox"/> Other (Specify) 4 <input type="checkbox"/> Hospital/Clinic	
6. County in which Registrant is Located	7. Was theft reported to Police? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Name and Telephone Number of Police Department (Include Area Code)	
9. Number of Thefts or Losses Registrant has Experienced in the Past 24 Months		10. Type of Theft or Loss (Check one and complete items below as appropriate) 1 <input type="checkbox"/> Night Break-in 3 <input type="checkbox"/> Employee Pilferage 5 <input type="checkbox"/> Other (Explain) 2 <input type="checkbox"/> Armed Robbery 4 <input type="checkbox"/> Customer Theft 6 <input type="checkbox"/> Lost in transit (Complete Item 14)	
11. If Armed Robbery, was Anyone: Killed? <input type="checkbox"/> No <input type="checkbox"/> Yes (How many) _____ Injured? <input type="checkbox"/> No <input type="checkbox"/> Yes (How many) _____		12. Purchase value to Registrant of controlled substances taken? \$ _____	13. Were any pharmaceuticals or merchandise taken? <input type="checkbox"/> No <input type="checkbox"/> Yes (Est. Value) \$ _____
14. IF LOST IN TRANSIT, COMPLETE THE FOLLOWING:			
A. Name of Common Carrier		B. Name of Consignee	
C. Consignee's DEA Registration Number		D. Was the carton received by the customer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
E. If received, did it appear to be tampered with? <input type="checkbox"/> Yes <input type="checkbox"/> No		F. Have you experienced losses in transit from this same carrier in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes (How Many) _____	
15. What identifying marks, symbols, or price codes were on the labels of these containers that would assist in identifying the products?			
16. If Official Controlled Substance Order Forms (DEA-222) were stolen, give numbers.			
17. What security measures have been taken to prevent future thefts or losses?			

PRIVACY ACT INFORMATION

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (PL 91-513).
PURPOSE: Report theft or loss of Controlled Substances.
ROUTINE USES: The Controlled Substances Act authorizes the production of special reports required for statistical and analytical purposes. Disclosure of information from this system are made to the following categories of users for the purposes stated:
 A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
 B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
EFFECT: Failure to report theft or loss of controlled substances may result in penalties under Section 402 and 403 of the Controlled Substances Act.

In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The Valid OMB control number for this collection of information is 1117-0001. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM DEA-106 (October 28, 2005) Previous edition is obsolete

CONTINUE ON REVERSE

BOX 4. - DATE OF LOSS

- ▶ Date of loss is the first date any discrepancy was identified
- ▶ Typically same date as Suspected Loss Form
 - ↳ Not the audit date range

4. Date of Theft or Loss



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BOX 7. – PD NOTIFIED?

► Police Notified - Yes

7. Was Theft reported to Police?

☒ Yes ☐ No



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BOX 9. – NUMBER OF THEFTS

- ▶ 24 months – can be provided by Government Affairs
 - ↳ Andrea Bucher - 717-731-6545

9. Number of Thefts or Losses Registrant has experienced in the past 24 months



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BOX 12. – PURCHASE VALUE

► AWP of missing controlled substance

12. Purchase value to registrant of
Controlled Substances taken?

\$



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BOX 17 – MOST IMPORTANT BOX

- ▶ Box 17 is the most important box on the form
- ▶ Must have appropriate action for the type of loss
- ▶ Is there a cost to the action?
 - ↳ Installing cameras and dvrs in the biometric safe – feasible?
- ▶ Must address this action with pharmacy manager and pharmacy staff
- ▶ 30/60 day confirmations – all are responsible

17. What security measures have been taken to prevent future thefts or losses?

FORM DEA-106 (October 28, 2008) Pg. 2

LIST OF CONTROLLED SUBSTANCES LOST

Trade Name of Substance or Preparation	NDC Number	Name of Controlled Substance in Preparation	Dosage Strength	Dosage Form	Total Quantity Lost or Stolen
					Express Quantity in Dosage Units, or Milliliters for Liquids
Examples Desoxyn	00074-3377-01	Methamphetamine Hydrochloride	5 mg	Tablets	300
Demerol	00409-1181-30	Meperidine Hydrochloride	50 mg/ml	Vial	150 ml
Robitussin A-C	00031-8674-25	Codeine Phosphate	2 mg/cc	Liquid	5676 ml
1.					
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I certify that the foregoing information is correct to the best of my knowledge and belief.

Sign and Print Name

Title

Date

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APPROVAL THROUGH GOV'T AFFAIRS

► Fax a copy of draft Form 106 to:

Andrea Bucher
Government Affairs



and to
RxVP/APDM



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DEA REPORTING

- ▶ Non report threshold quantities
 - ↳ 30 CII dosage units
 - ↳ 100 CIII – V dosage units
- ▶ NOTE: A form 106 must be drafted and faxed for approval
- ▶ Closing a form as a “Non Report” **must be authorized by Government Affairs**
- ▶ All thefts are reported! **Even 1 tablet**



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DEA REPORTING

- ▶ PDM to make changes and fax final form to local DEA office, Board of Pharmacy and Drug Control/OPD
- ▶ Fax a copy of the final Form 106 and DEA **Fax Receipt Confirmation** to Government Affairs, RVP/RxVP and APDM to close file
 - ↳ NOTE: Process should take ideally two weeks!
- ▶ Original sent to the local DEA office



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STATE FORMS

- ▶ NY State specific reporting form (OPD)
- ▶ NJ state specific reporting form (Drug Control)
- ▶ NH Pharmacy Manager responsible for filing
 - ↳ Must complete within 14 days



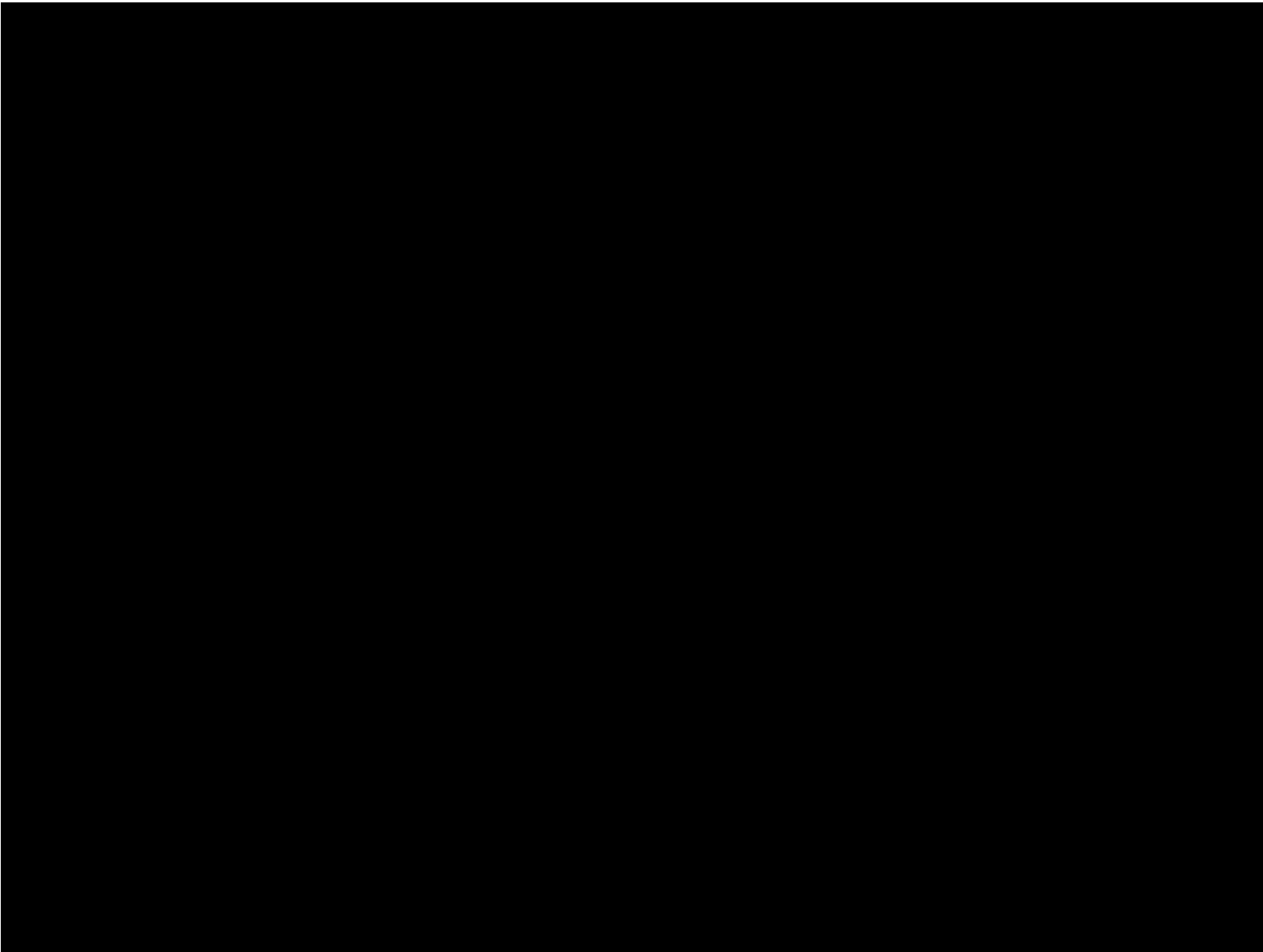
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DEA REPORTING

- ▶ PDM / APDM must work to identify the source of the loss and close the file (supplemental 106 if needed)
- ▶ Once file is closed the local DEA office and Board should be notified of the outcome.
- ▶ A copy of the Form 106 and all supporting documentation should be filed in Controlled Substance Record Keeping Box
- ▶ Results discussed with Pharmacy Manager and staff (Accountability)



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DEA CHECKLIST

- ▶ The DEA Checklist identifies all record keeping requirements for compliance with DEA Rules/Regulations
- ▶ Invoices
- ▶ 222 Forms
 - ↳ **MedTurn must add store's DEA number to the form**
- ▶ Power of Attorney
- ▶ Inventory documents Monthly/May 1



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APDM RESPONSIBILITIES – DRUG LOSS INVESTIGATIONS

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TEAMWORK

► Example:

- ➔ Case Opened by Profit Protection Analyst 4/2012
 - Possible loss of ~4,000 dosage units
- ➔ Suspected Loss filed 6/2012
- ➔ Extension requested for filing DEA 106 7/2012
- ➔ Filed Form 106 - 8/2012 – Ongoing investigation
- ➔ Reported loss – over 16,000 dosage units
- ➔ DEA Agents contacted PDM within an hour of the 106 being filed, prompted a visit to the store
- ➔ No suspects, No admission, DEA not happy



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TEAMWORK

► Example:

- ➔ PDM was informed of a suspected loss by a RXM
- ➔ PDM did not verify the loss & did not notify the APDM
- ➔ The RXM conducts their own investigation
- ➔ Loss was confirmed a week later, pharmacist was terminated
- ➔ Suspected loss was never filed in a timely manner



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TEAMWORK

▶ PDM/APDM Partnership

↳ Notify each other of the suspected drug loss immediately

- Ethics Point Case
- Hotline Tip
- Associate Tip
- Other...

▶ Critical element of any drug loss investigation

↳ Subject Matter Expert - PDMs

↳ Tools



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APDM NOTIFICATION RESPONSIBILITIES

- ▶ All drug loss investigations notify the following:
 - ↳ Divisional AP Director
 - ↳ Director Pharmacy Loss Prevention, Sophia Lai
- ▶ All pharmacist investigations
 - ↳ Drug loss or other
 - ↳ Sophia Lai
- ▶ Email or Phone Call



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ETHICS POINT

- ▶ Immediate entry into the case management database
 - ↳ Suspected drug loss investigations
 - Every suspected loss filed by the PDM should have a corresponding case entry
 - If not opened Ryan Duval will generate a case for you
 - ↳ Robberies
 - ↳ Burglaries
 - ↳ Internal investigations
- ▶ Drug loss investigations are an APDM's highest priority!
 - ↳ Not just a loss to the company – Regulatory Implications



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ETHICS POINT

- ▶ Pending drug loss cases
 - ↳ Weekly updates at minimum
- ▶ Closing drug loss cases
 - ↳ Should be done promptly
 - ↳ All required fields need to be populated



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ETHICS POINT

- ▶ Official Record of the Investigation
 - ↳ Mandated by several Boards of Pharmacy
 - ↳ May be subpoenaed by the DEA or other regulatory agencies
- ▶ Case entry must be
 - ↳ Timely (Retroactive entries – NOT ACCEPTABLE)
 - ↳ Accurate (Incomplete entries – NOT ACCEPTABLE)
 - ↳ Professional
 - ↳ Proper case documentation guidelines



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ETHICS POINT

A COMPLETE CASE ENTRY CONTAINS THE 5W'S & 5C'S

▶ 5W's

- ↳ Who
- ↳ What
- ↳ Where
- ↳ When
- ↳ Why
- ↳ How

▶ 5C's

- ↳ Completeness
- ↳ Conciseness
- ↳ Clearness
- ↳ Correctness
- ↳ Courteousness
(Be Fair & Objective)

TOOLS

► Remember – 1st step in any drug loss investigation should be to determine if we actually have a loss.

↳ The source?

- May impact how you proceed in this regard
- Example:
 - An anonymous tip that a store associate is stealing drugs
 - Case opened by the corporate data mining team



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TOOLS

► Confirm a loss

↳ Corporate data mining

- Purchase versus Dispensed (PVD) reports.
 - If you have some idea of what drug(s) are missing your analyst can quickly run these reports
 - Up to 13 months
- Advantage – Fast, emailed within a few minutes
- Disadvantages
 - Drug specific, not effective in cases where no specific drugs have been identified yet
 - Does not take into consideration amount of product currently on the shelf



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PURCHASE VS. DISPENSING REPORTS

GCSN 003775 STORE 02793

NDC	Description	DEA Code	Pkg Size
00009009001	XANAX 1 MG TABLET	4	100
00603212928	ALPRAZOLAM 1 MG TABLET	4	500
59762372101	ALPRAZOLAM 1 MG TABLET	4	100
59762372103	ALPRAZOLAM 1 MG TABLET	4	500

Begin Date: 5/23/2010 **End Date:** 8/14/2010

Trn ID **Aud Trn Qty**

CYCLE CNT MTHLY C2	-1338	DC RETURN	-3
CYCLE COUNT	-1782	TRANSFER IN	500
DC RECEIPT	6500		
MCKESSON RECEIPT	2000		
TOTAL DISPENSED	5176		



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TOOLS

► Confirming a loss – continued

↳ Drug Utilization Review (DUR)

- Most Accurate way to determine a loss
- Identify what drugs are missing
- First Step – Controlled drug count
 - Covert counts!
- Partner with your PDM to request from Andrea Bucher
- Reconcile



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TOOLS

Confirming a loss – continued

- DUR

Advantages

- ▶ Accurate
 - ➔ Assuming beginning and ending counts are accurate
 - ➔ Official method for reporting drug loss quantities to the DEA

Disadvantages

- ▶ Slow
 - ➔ Requires a count to be completed 1st
 - ➔ Order reports and lag time to receive
 - ➔ Reconciliation - PDM
 - ➔ Turnaround time could be days or weeks
 - ➔ Beginning counts unreliable = unreliable result

TOOLS

► Confirming a loss – continued

↳ Hybrid Approach

- Data Analysts
 - Navi Inventory
 - PVDs
 - Make an initial determination in order to move on your case
- Proceed with the DUR to lock in your losses with greater accuracy

↳ Once a controlled drug loss is reasonably confirmed the PDM must file a Suspected Loss form within 24 hours



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TOOLS

► Confirmed loss – Next Steps

↳ Start with the Data

- Data Mining Partners!!!

- Cycle count information (Who's doing the counts?)
- Ordering Information (Who's ordering or adjusting the orders?)
- Patient Profiles (APDMs do not access – partnership)
- Audit Trails (Who touches the script and what type of activity?)
- Removes w/o deletes
- Deleted script activity
- PVD reports
- POS data
- McKesson Supply Management Online (SMO) reports, etc.



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TOOLS

► Confirmed loss – Next Steps

↳ Cameras?

- Overt – Location already has cameras? Can it be repositioned for the target area?
- Covert – Needs to be COVERT
 - Partner with a licensed pharmacist (PDM) in that state
 - After hours install
 - Limit knowledge of the case and install to the fewest people possible
 - Great time to get covert counts



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TOOLS

► Cameras

→ Great tool but only as good as the process in which it is used

- Am I covering the right location?
- Am I covering all involved locations?
- Is my DVR power supply backed up?
- How much video can I realistically review at one time to look for concealment?
 - Minimize time frame is critical – SHIFT COUNTS



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TOOLS

► Shift Counts

- ↳ Obtain regular counts on your targeted drugs to limit the timeframe of loss
 - At LEAST once a week
 - PREFERABLY more frequently
 - How much video can you realistically view to try to find your problem? 2 days or 2 weeks?
 - Must be obtained covertly
 - After hours with a licensed PDM partner is ideal
 - Can I trust some in the store to do my counts?
 - Bad Idea
 - » Have you ruled them out as a suspect? How?
 - » Can you count on them counting discreetly? How?



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TOOLS

► What if I do not have cameras?

- ➔ Shift counts can still “lock it in for you”
 - Use your tools – Infinium/Kronos, Mckesson reports, Cycle counts, etc.
- ➔ Who worked on the days or in the timeframes product disappeared?
- ➔ Who placed the orders?
- ➔ Were the drugs cycle counted down after the loss?
- ➔ Who did those counts?
- ➔ Look for the patterns



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TOOLS

► The Interview

- ➔ Discuss the strength of your case with your AP Director before the interview
- ➔ AP Director may also ask you to partner with the Director, Pharmacy Asset Protection
- ➔ PDM as a subject matter expert and witness where needed in interviews
- ➔ Be prepared to react either to admission or no admission



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TOOLS

- ▶ Admission obtained
 - ↳ Written Statements
 - ↳ Zero Tolerance Policy
 - ↳ APDM report to Law Enforcement
 - ↳ PDM report to the Board of Pharmacy
- ▶ No Admission
 - ↳ Report to Law Enforcement?
 - ↳ Drug Testing?



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TOOLS

- ▶ What about drug testing? Where does it fit?
 - ↳ Generally our last resort in a drug loss investigation
 - Ineffective – if the suspect has or can produce evidence of prescribed target medication testing will be negative
 - Savvy suspects can purge urine on short notice
 - Many suspects simply walk out or quit rather than test
 - May stop our losses but can't be sure
 - Some suspects are stealing for sale rather than use



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TOOLS

▶ Drug Testing – continued

↳ Legalities

- Limited in what, if any, testing we can do in certain areas. Ex. Vermont
- Human Resources is currently reviewing our policies and legalities involved

↳ To have any chance of being effective

- Must be unanticipated
- Comprehensive
- Include all who had access to the pharmacy

↳ Last Resort

- Valuable from a due diligence perspective when all else has failed or to confirm we have dealt with our issue completely



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TOOLS

► Other tools

- ↳ Alarm Records/Pharmacy Key Log
 - After hour access to the pharmacy?
 - Rule out FE involvement
- ↳ Bag Checks – APA or member of management
 - Advantage – catch the suspect in the act
 - Disadvantage – Can be a one shot deal. If the suspect does not get caught on the bag check they may now be alerted to your investigation
- ↳ Surveillance – APA or other
 - Advantage – catch suspects in the act
 - Disadvantage – requires some knowledge of who and how theft is being perpetrated. Can be costly



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TOOLS

► Remember!

- ↳ Every case is unique
- ↳ The approach you use may vary from case to case but the basic guidelines are the same
 - Partner with your AP Director
 - Partner with your Director, Pharmacy AP
 - Partner with your Profit Protection Analysts



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FORM 106

- ▶ DEA Form 106 is to be filed on all controlled drug losses
- ▶ Can be done at the conclusion of the investigation as long as it could be concluded within 28 days of the suspected loss filed
 - ➔ If needed can file a supplemental or amended 106 at the conclusion
- ▶ PDM (with guidance from Government Affairs) is responsible for filing the DEA Form 106



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PUTTING IT ALL TOGETHER

► Case 1

- ➔ PDM Johnson receives a tip from an associate that one of the techs at store 123 is stealing drugs.
- ➔ PDM Johnson reaches out to APDM Smith
- ➔ APDM Smith contacts his Profit Protection Analyst to review Naviscript Inventory to see if any losses may be out there
- ➔ Profit Protection Analyst finds suspicious activity involving hydrocodone



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PUTTING IT ALL TOGETHER

- ▶ Profit Protection Analyst runs PVD reports
 - ↳ 3, 6, 9 month timeframes on all strengths of hydrocodone
 - ↳ Emails it to the APDM reflecting potential losses
 - ↳ Also sees ordering activities/data of interest and forwards additional detailed information also
- ▶ PDM and APDM make arrangements to go into the location AFTER HOURS Thursday night to get full counts for DUR reports and install cameras
- ▶ Only the PDM, APDM and DM are aware



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PUTTING IT ALL TOGETHER

- ▶ PDM obtains DURs and reconciles the counts
 - ↳ Reveals significant losses of several drugs
 - Hydrocodone, alprazolam and Suboxone
- ▶ PDM files suspected loss form
- ▶ PDM and APDM are going in AFTER HOURS every few days to get fresh counts and reconciling to determine if new losses occur



SERVICE | GROWTH | EXCELLENCE

PUTTING IT ALL TOGETHER

- ▶ PDM confirms a new loss
 - ↳ 200 hydrocodone 10/325 are missing within a 4 day window
- ▶ PDM and APDM go in after hours to pull/replace DVR
- ▶ APDM reviews video and finds 2 incidents of concealment
- ▶ APDM partners with AP Director to discuss proceeding to interview, AP Director ok's interview plan



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PUTTING IT ALL TOGETHER

- ▶ APDM and PDM partner to arrange interview including coverage needed to keep location staffed, PDM present as witness and SME
- ▶ APDM obtains admission and written statement
- ▶ Final Due Diligence – Final Counts and DUR
 - ↳ DEA 106 Filed?
 - ↳ Interviews on remaining staff?
 - ↳ Any disciplinary action involving other associates/management?



SERVICE | GROWTH | EXCELLENCE

COMMON MISTAKES

- ▶ Investigation without any validation
 - ↳ APDM reacts to a source without any due diligence to confirm there's an actual loss
 - ↳ Result – hours of time wasted on a fruitless chase
- ▶ “Blowing our Cover”
 - ↳ APDM or PDM compromise the investigation by doing things that alert RX staff that an investigation is in progress.
 - Trusting a store associate with facts of the case
 - Doing a “covert” install in the middle of the day
 - ↳ Result – Drug losses stop for now and investigation fails to produce a suspect.
- ▶ Note: We are now facing regulatory challenges/fines for failing to surface/solve drug losses

COMMON MISTAKES

- ▶ Not utilizing all available resources
 - ↳ APDM does not contact Profit Protection Analysts
 - Misses opportunity to obtain additional evidence to support the investigation
- ▶ Relying too much on cameras
 - ↳ APDM does a covert install and nothing else figuring he can get concealment on video
 - There are many ways to steal which may appear as normal activity on video



SERVICE | GROWTH | EXCELLENCE

COMMON MISTAKES

- ▶ Jumping to interview too soon
 - ↳ Imperative to discuss your case with your AP Director prior to the interview
 - ↳ Your AP Director has the knowledge and experience to determine if your case is ready
- ▶ Reliance on Drug Testing to solve your case
 - ↳ Very few (possibly none) admissions and/or arrests for drug theft are made solely based on positive drug test.



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COMMON MISTAKES

- ▶ Failure to escalate issues with the investigation
 - ➔ If your case is being delayed or compromised by someone/something outside your control you must escalate to your AP Director right away.
 - ➔ Failure to enter the case and/or facts into Ethics Point timely



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INTERVIEWS/STATEMENTS

- ▶ APDM – responsible for conducting the interviews
- ▶ APDM – responsible for obtaining documentation of the interviews
 - ↳ Rite Aid Letter of Explanation
- ▶ Statement – should include answers to the 5W's



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INTERVIEWS/STATEMENTS

- ▶ Only correct factual errors
 - ↳ Employee should draw a line through the error and initial the change
 - ↳ Do Not correct spelling or grammar
- ▶ Page's must be numbered and initialed by the employee
 - ↳ Protects us
- ▶ Questions regarding proper documentation should be directed to your Divisional or Regional AP Director



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INTERNAL DRUG LOSS CASES

- ▶ Drug losses caused by associate theft
 - ↳ Misappropriation Drugs
 - ↳ Priority over cash/mdse loss
- ▶ Zero Tolerance Policy
 - ↳ All associates identified as being responsible for controlled drug theft are to be arrested or reported to law enforcement – NO EXCEPTIONS!
 - ↳ BOP Licensed Associate (intern, tech or pharmacist) – are to be reported to the board – NO EXCEPTIONS!
- ▶ This must be documented in the case entry as completed



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EXTERNAL DRUG LOSS CASES

- ▶ Drug losses caused by vendor theft, customer theft or an unidentifiable origin are to be entered into Ethics Point



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PDM RESPONSIBILITIES

- ▶ Completion and submission of the Suspected Loss Form (DM/APDM could complete if PDM is not available)
- ▶ Notifying the APDM of any potential drug losses
- ▶ Reconciliation of controlled drugs
- ▶ Completion and submission of the Form 106
- ▶ Assisting the APDM with the investigation
 - ↳ Camera installs, shift counts, witnessing interviews
 - ↳ Must be licensed in the State the store is in
- ▶ Administering the disciplinary action (partner with HR)
- ▶ Notification to the BOP where applicable

101

APDM RESPONSIBILITIES

- ▶ Notifying PDM of any potential drug loss cases
- ▶ Conducting the investigation (partnering with PDM)
- ▶ Documentation of the case
- ▶ Conducting interviews, obtaining statements, civil restitution documents
- ▶ Recommendation on disciplinary action
- ▶ Contacting law enforcement where applicable



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PHARMACY SECURITY

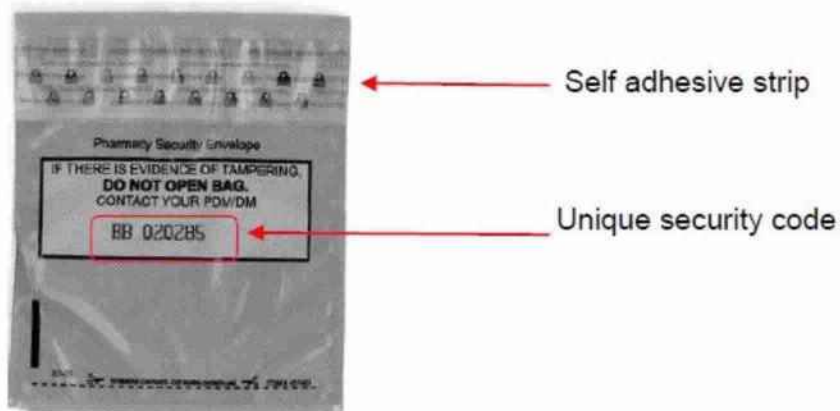
 SERVICE  GROWTH  EXCELLENCE

103

SPARE PHARMACY KEYS

- ▶ Kept in Rx Security Envelopes
 - ↳ Tamper evident
 - ↳ Unique security code
 - ↳ Opaque but still visible
 - Alarm codes/Safe Codes MUST be folded

Rx Security Envelope Example
(SKU 0461461 1=10)



SPARE PHARMACY KEYS

► Rx Key Log

- Document security information from the Rx Security Envelope
- Kept in FE Manager's office



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MANDATORY RX KEY LOG

SPARE PHARMACY KEYS

► Pharmacist Closing Responsibilities

- Log unique security code
- Sign and date in the “Close” section of the log
- Give the completed log and sealed envelope to FE Management to place in the safe
 - States with lock boxes – pharmacist should place in the sealed envelope in the lock box after completing the log.



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SPARE PHARMACY KEYS

► Pharmacist Opening Responsibilities

- ↳ Obtain the Key log and Rx Security Envelope from FE Management
 - Access the lock box in states that require
- ↳ Verify
 - Properly sealed
 - Security code matches the previous “Close” entry
- ↳ Log unique security code
- ↳ Sign and date in the “Open” section of the log



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SPARE PHARMACY KEYS

► Validation

- The security code for the last “Close” entry must match the envelope.
- Envelope must be intact
- If envelope is open, compromised or does not match the log contact your PDM or APDM IMMEDIATELY.



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PHARMACY SECURITY

► Unauthorized Access

- ↳ APA's
- ↳ FE cashiers
- ↳ Vendors
 - McKesson Drivers
- ↳ When a licensed pharmacist within the State is not present



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PHARMACY SECURITY

- ▶ No unauthorized associates
- ▶ Associates performing proper job functions
 - ↳ NJ/Technician/Cashier
 - Several thefts of CDS by cashiers
 - Appearance before NJ Board of Pharmacy to discuss losses related to cashier thefts
 - Outline Rite Aid policy so compliance must be 100%.



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CII PERPETUAL INVENTORY

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112

MONTHLY CONTROLLED DRUG AUDIT

▶ Must physically count

↳ All CII's

- CII Perpetual Inventory Log must be updated with monthly counts

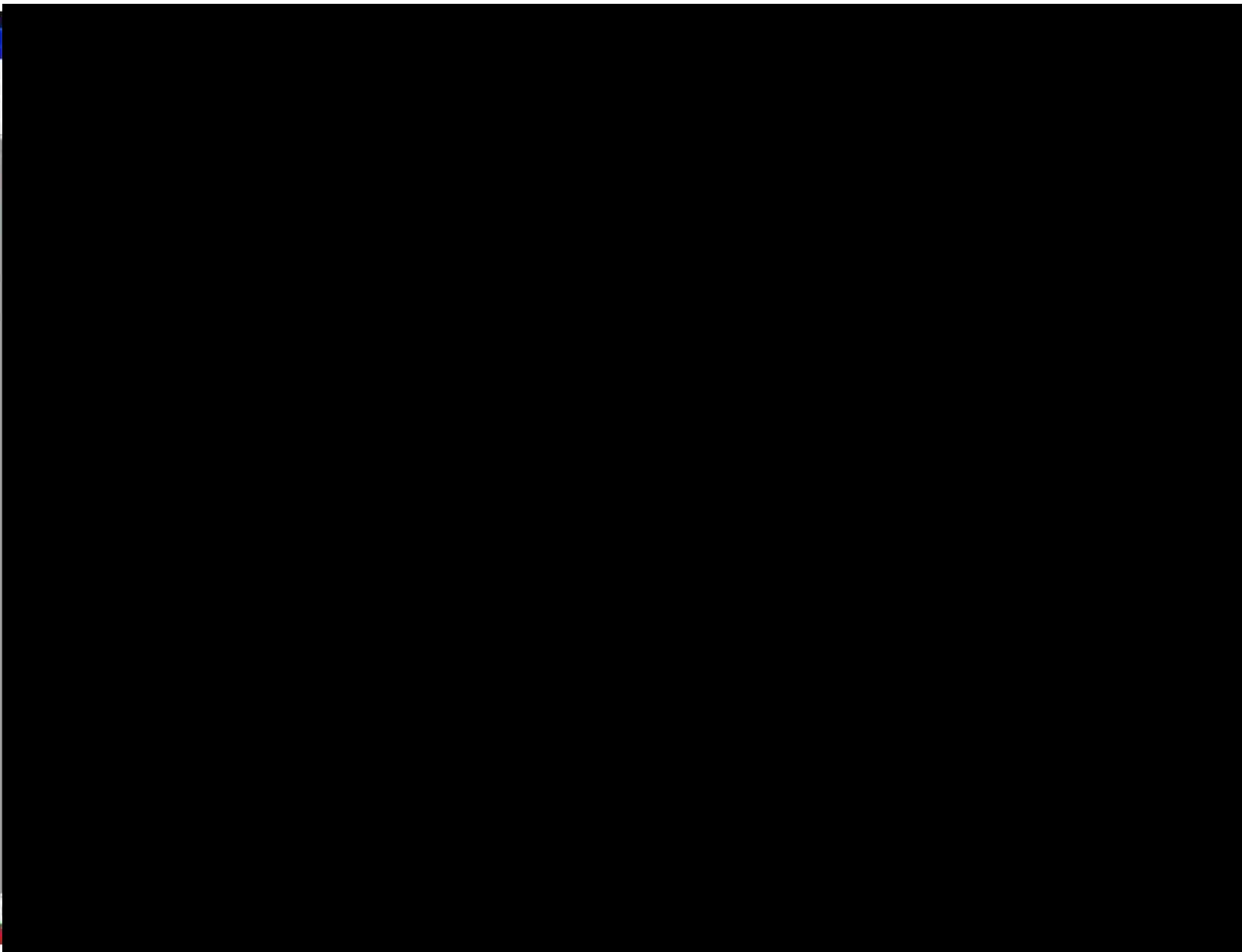
↳ Top 6 strengths of hydrocodone

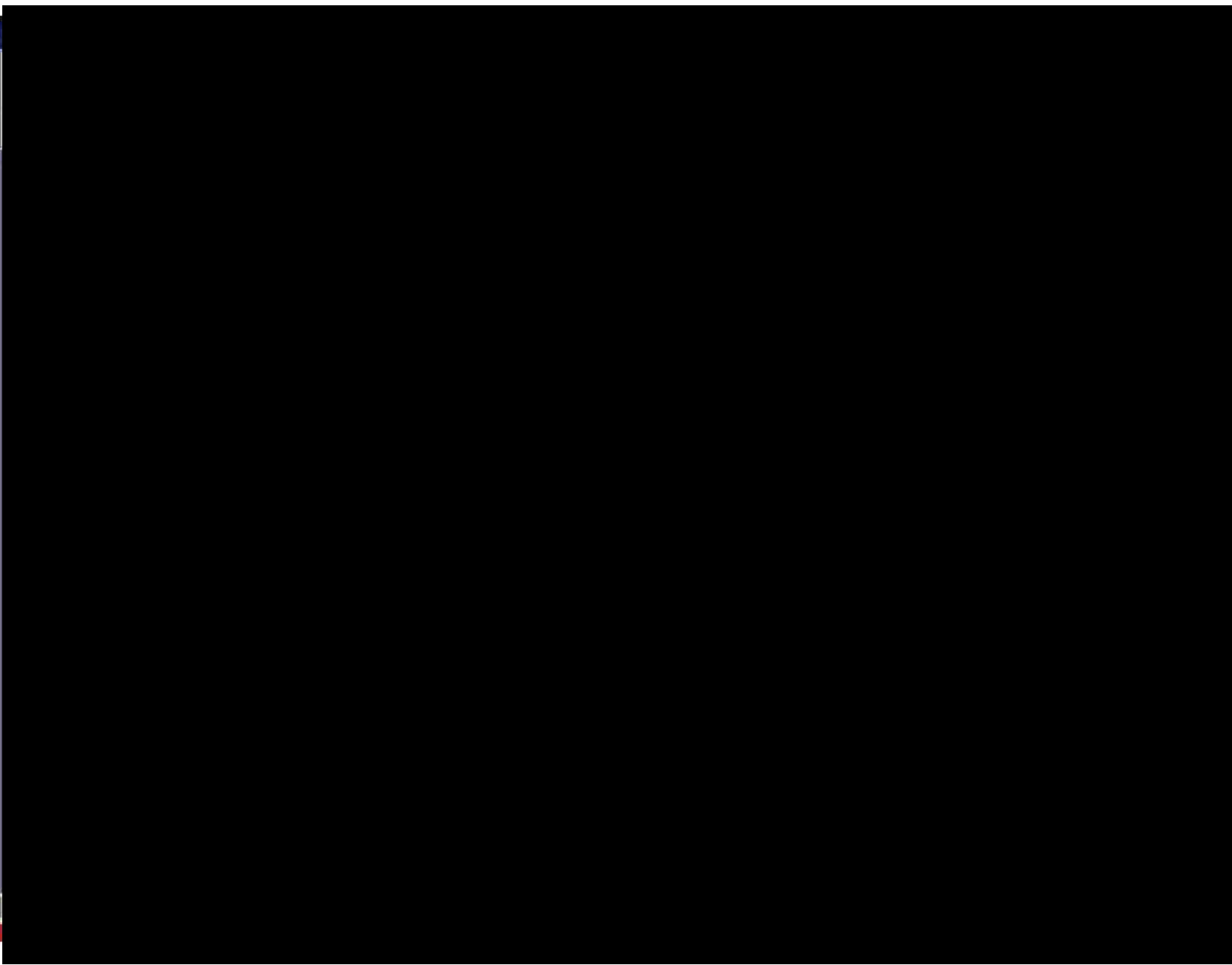
↳ Top 4 strengths of alprazolam

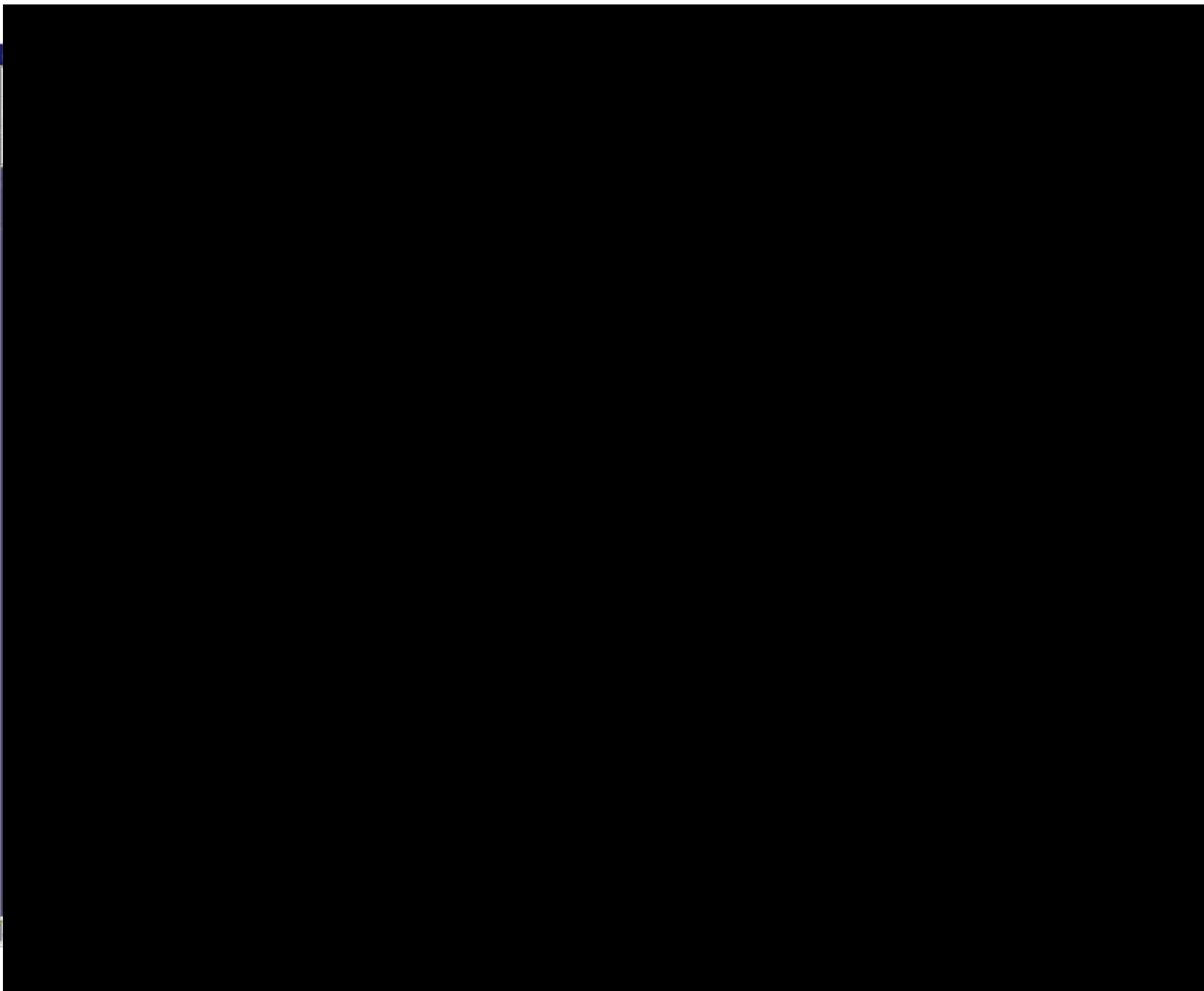
▶ Pharmacy Manager and/or staff pharmacist must notify their PDM immediately if there is a suspected or know loss or theft of controlled substances.

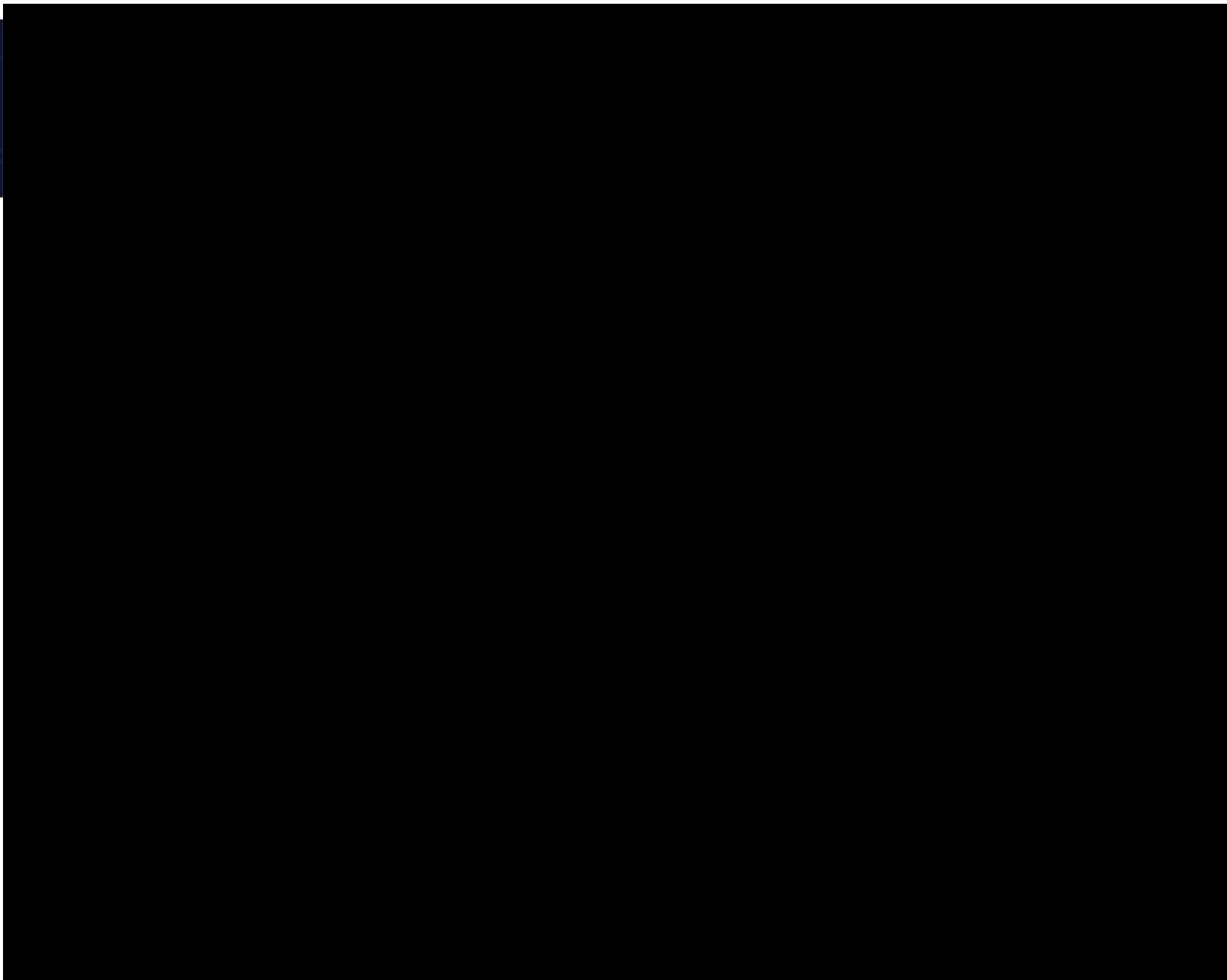


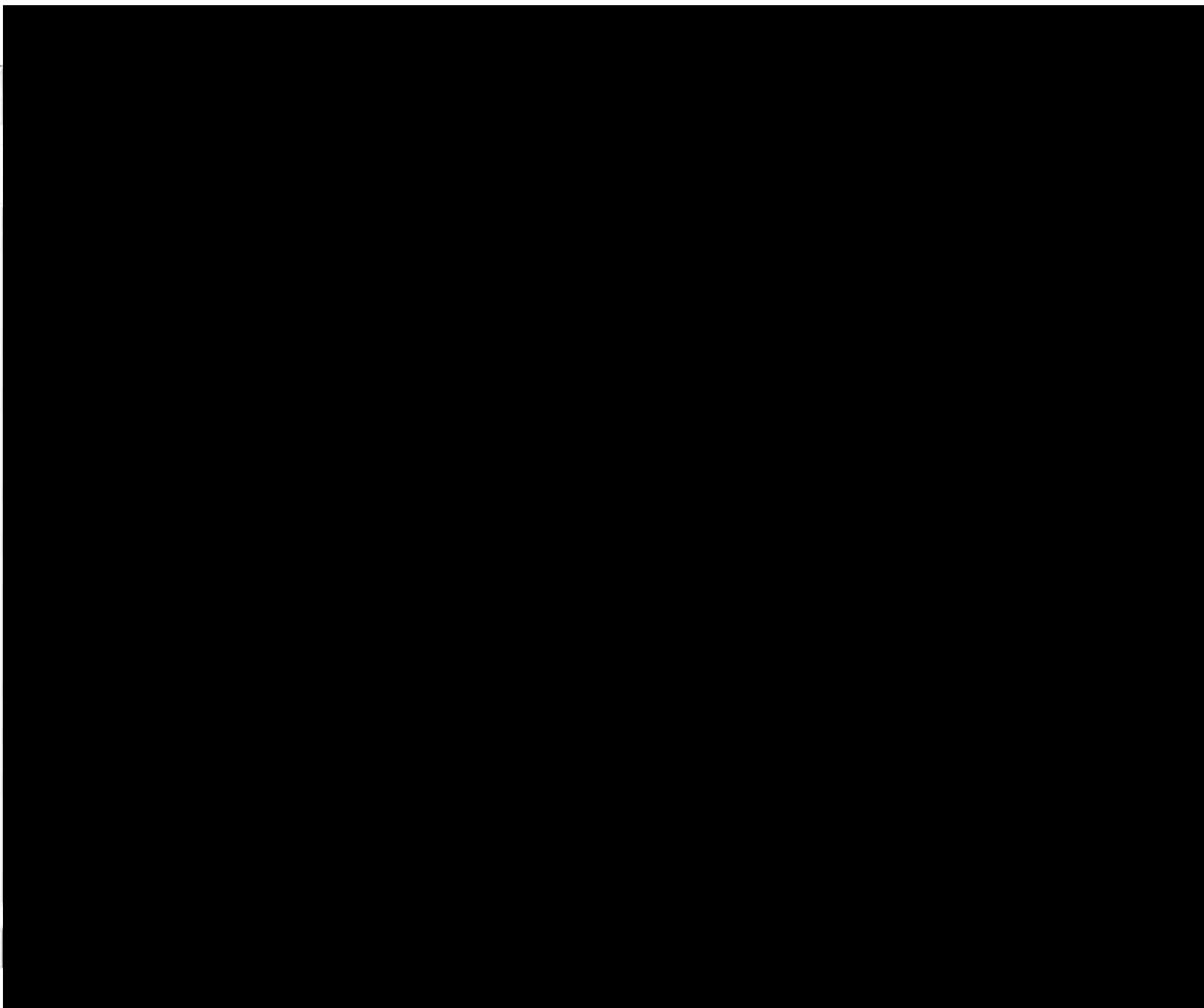
SERVICE | GROWTH | EXCELLENCE

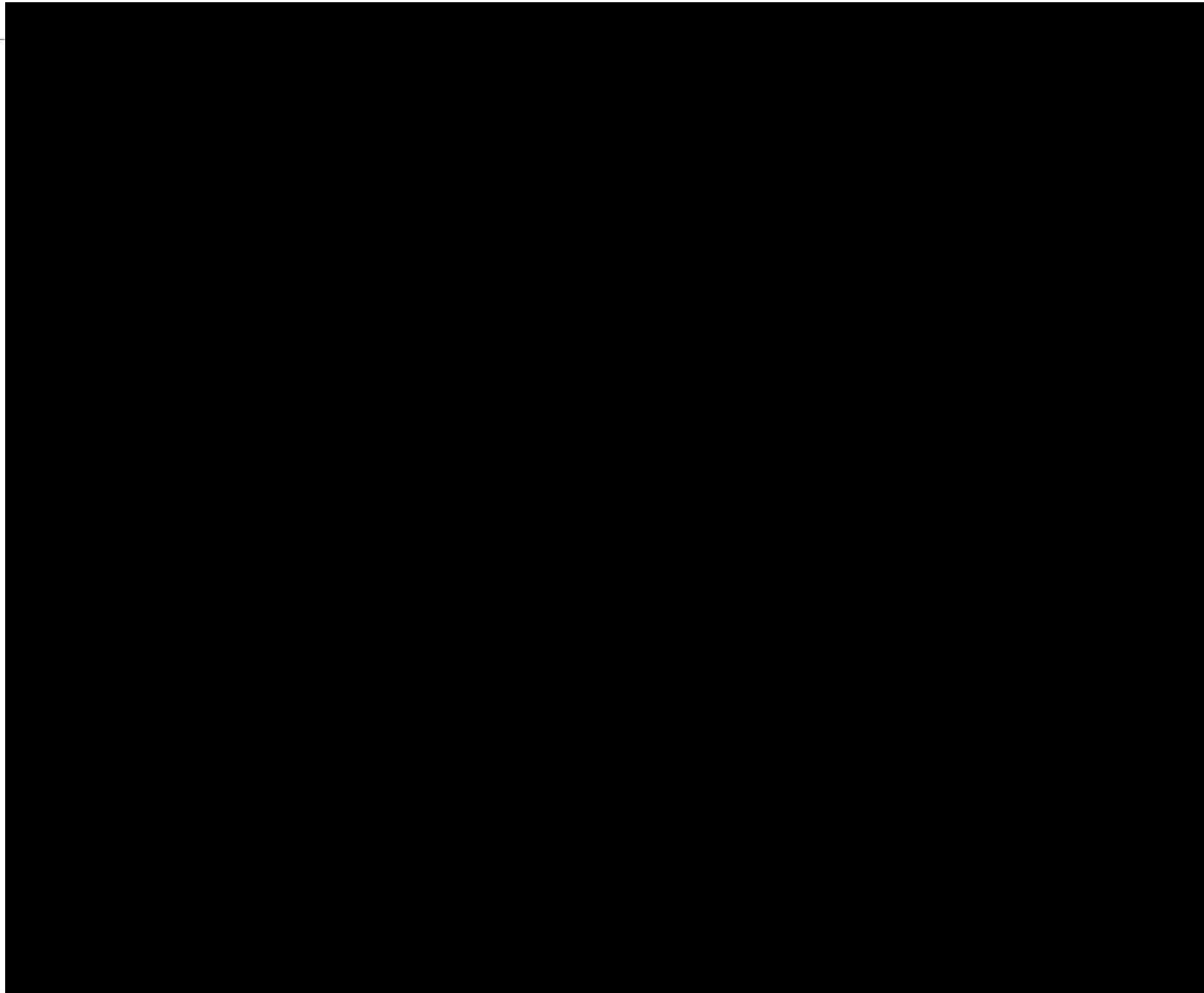


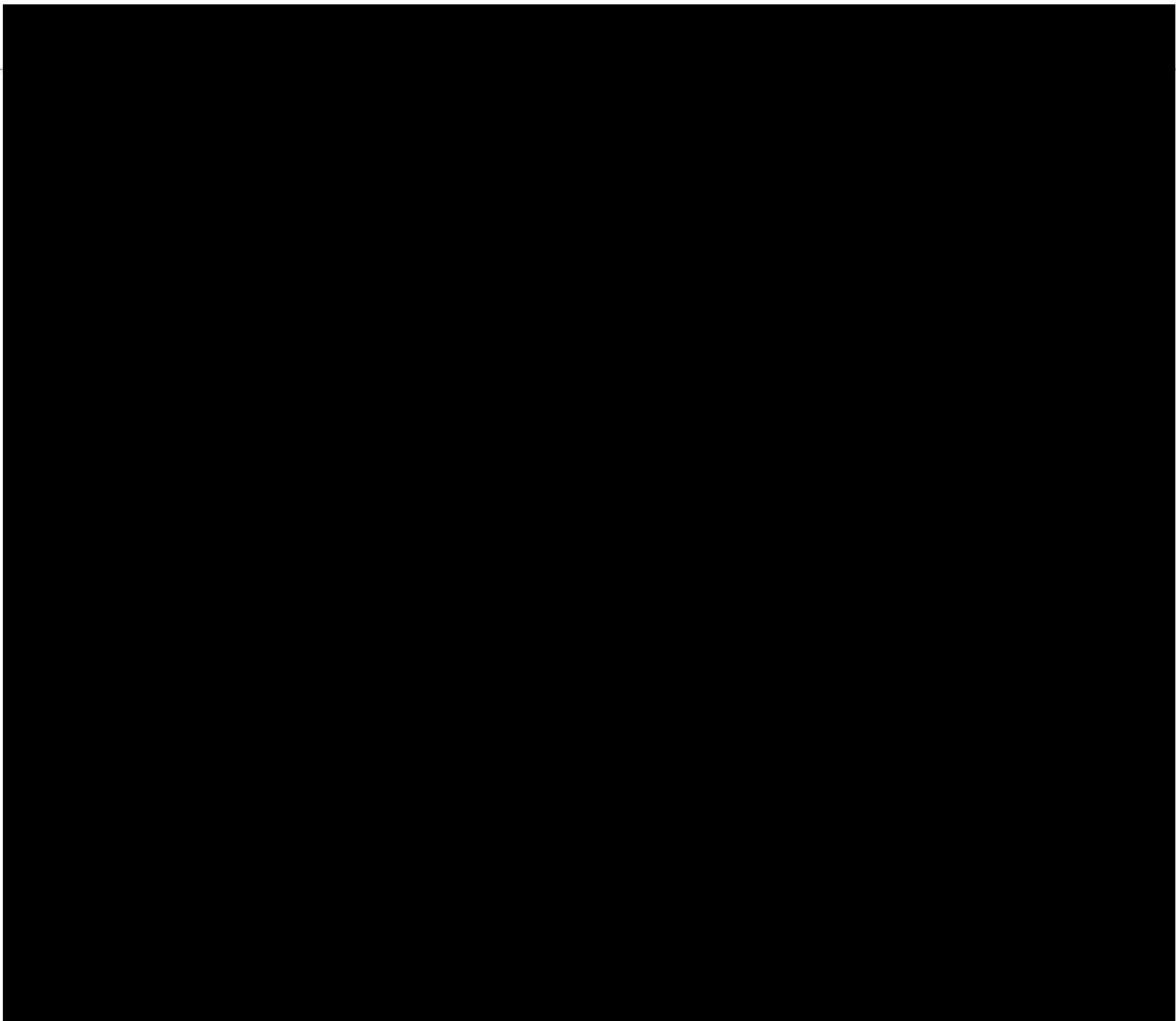


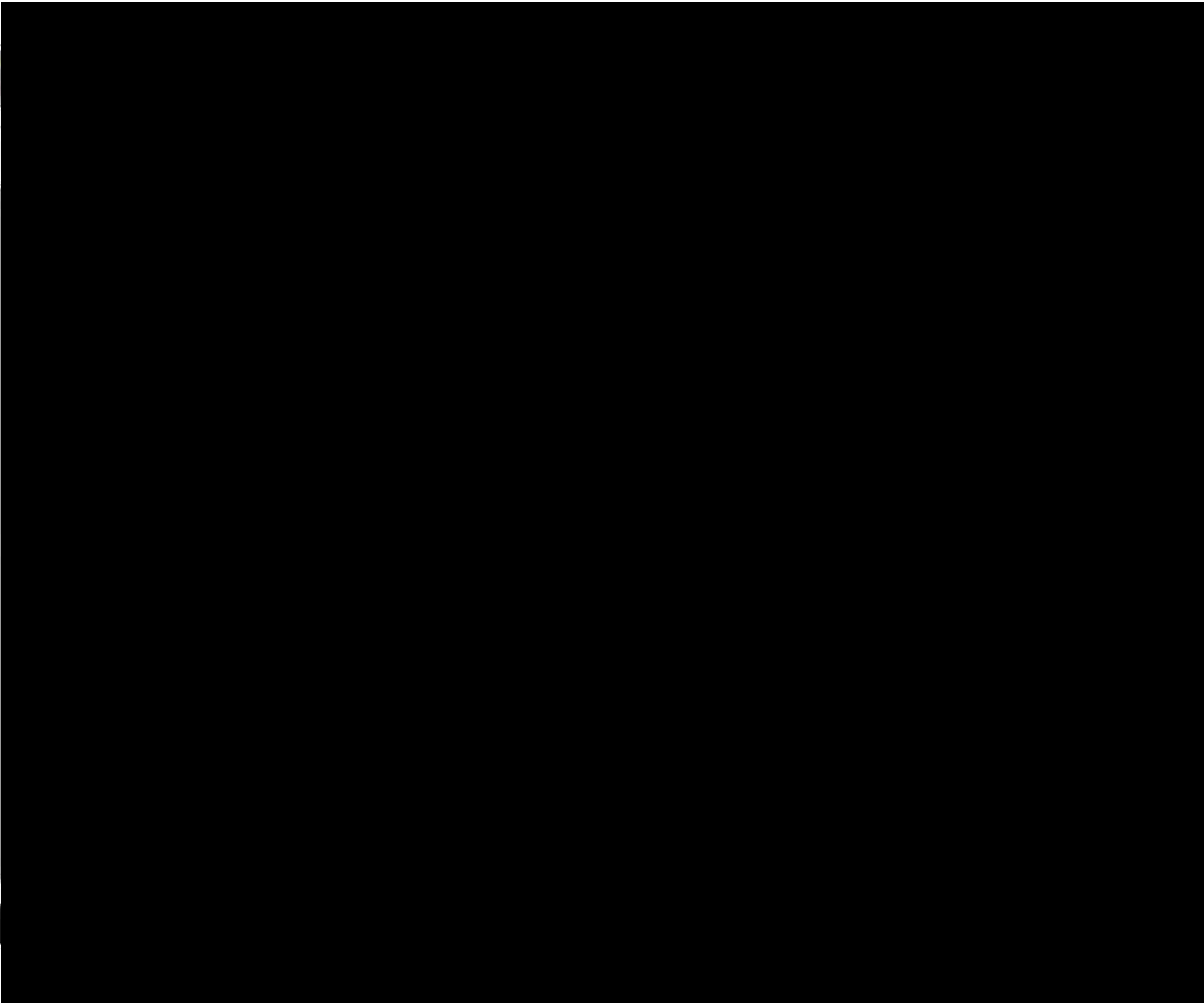














WHAT DO YOU DO?

Subject: Count off on Generic Soma 350 (Control Substance)

System says we have 140 of NDC 00603-2582-21.

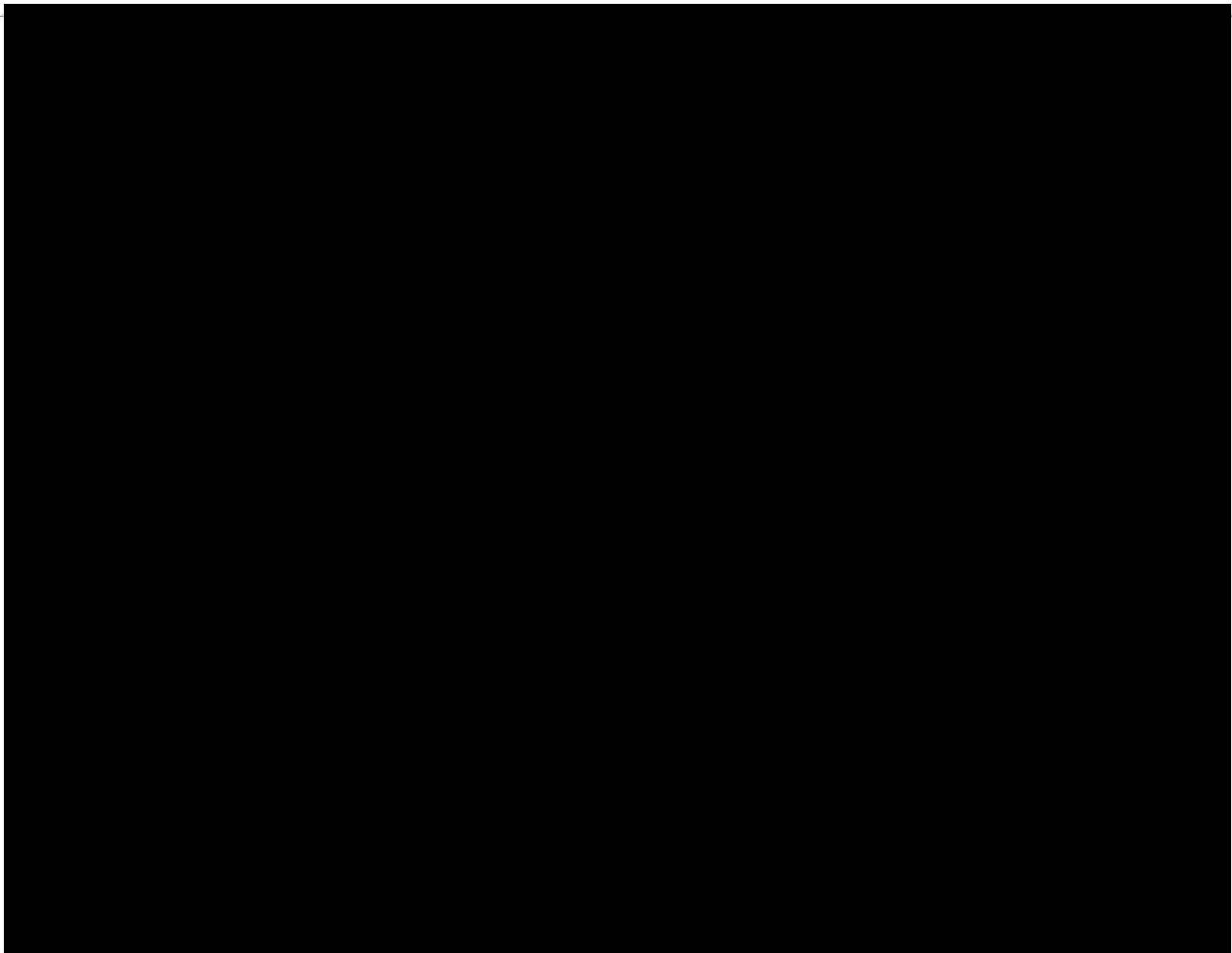
We only have 85 in stock.

Should I update the system?

I had to MCK some for tomorrow for a patient (after doing a 1 day partial).



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CONTROLLED SUBSTANCE PURCHASING LIMITS

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125

MCKESSON CSMP

► CSMP

- ↳ Controlled Substance Monitoring Program
- ↳ Designed to meet DEA reporting requirements
- ↳ Establishes thresholds for purchases of controlled substances
 - Based on individual pharmacy's movement history



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MCKESSON THRESHOLDS

- ▶ Established per calendar month
- ▶ Individual Base Code
 - ↳ “active ingredient”
 - ↳ Any dosage form of the base code
 - Store reached their threshold for Diazepam
 - The store would be blocked from ordering any diazepam containing product for the remainder of the calendar month
 - Includes any strength/dosage form
 - Can reorder the next month or if an increase is approved



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MCKESSON THRESHOLDS

- ▶ Based on the highest month's movement in the last 12 months
 - ↳ Highest number of units purchased in a calendar month
 - ↳ Plus 15% for CIII-V and 50% for CIIIs
- ▶ This is only McKesson purchasing data (NOT DC)
- ▶ Threshold limits are based on the date the medication was ordered
 - ↳ Place an order on 1/31 will be subject to the January threshold even though the store will not receive until February



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THRESHOLD ACCOMMODATIONS

- ▶ Warehouse item out of stock
 - McKesson will be advised to adjust the threshold to accommodate our business needs
- ▶ New Stores
 - Data will be based on surrounding stores ordering trends
- ▶ Acquisitions
 - Adjusted based on acquisition data



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ORDER VOLUME

- ▶ Place smaller more frequent CII orders
 - ↳ Avoids problems with the threshold
 - ↳ Reduces risk of diversion/robberies/burglaries
 - ↳ No more than a 2 week supply



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ALERTS

- ▶ Pharmacy notification
 - ↳ Pass 75% of their threshold for the base code
 - ↳ Message on their invoices
- ▶ Thresholds can be adjusted for individual base codes
 - ↳ Requires legitimate business reasons
 - ↳ Requires approval from the PDM
 - ↳ Coordinated corporately through AP



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PDM ACTION FOR THRESHOLD INCREASE

- ▶ McKesson customer service will advise the pharmacist to contact their PDM for adjustment approval
- ▶ PDM must send a written communication to the Director, Pharmacy AP



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PDM ACTION FOR THRESHOLD INCREASE

- ▶ Include in the communication
 - ↳ Store number
 - ↳ Base code (active ingredient)
 - ↳ Reason for the adjustment
 - New pain clinic etc. will need prescribing MD data for review
 - ↳ Requested adjustment percentage
 - Copy RXVP on communication
- ▶ Upon approval/denial the PDM will be notified
 - ↳ PDM should notify the pharmacy



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DISTRIBUTION CENTER THRESHOLD

▶ Threshold limits

- ↳ 5,000 dosage units of any controlled substance NDC/week
- ↳ PSE – 24 packages of any UPC/week

▶ DC threshold increases

- ↳ Written communication to Janet Hart or Andrea Bucher
- ↳ Same criteria as McKesson threshold increases
 - Store number, controlled substance item, reason for the increase, quantity adjustment



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LEGITIMATE REASON?

Subject: RE: oxycodone

other pharmacies in the area refusing to fill these rxs for pts. i call and verify scripts are legit. drs and pts are out of state. we are the only rx in dc,md,va who will fill their rxs. increase in rxs. drs are charles kessler, enrique gonzalez-pujol, and john mirczak. the increase isnt necessarily in rxs for these medications but qty. pts come in with rxs for #180 at a time. we will be losing a chance to capitalize on these rxs every month if we cant keep the medication in stock.



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THRESHOLD INCREASE?

I am sending this email as we haven't heard anything regarding increasing our threshold at Mckesson for our pain management customer that was previously using Franks pharmacy. We have decided to move forward to help this customer. We will need to be able to supply him MONTHLY with the following meds: Oxycodone soln 20mg/ml-5 bottles, oxycod/apap 5/325-#360, oxycodone 5 mg tabs-#600, oxycontin 80mg # 90, dronabinol 5 mg # 20 and also he will need Brand name Dilaudid 4mg #1000 every 8 days. We will need to have the medications in stock by the end of this month and be able to continue to reorder. Not sure if we should reorder the Dilaudid upon dispensing every 8 days or if we should do that monthly with the rest. Please let us know ASAP as we need to let the customer know so he may plan accordingly. Our concern going forward is that Mckesson will stock what we need and we will not be limited in our order quantity as we reorder. Please let me know as well as our other 3 rph as we are here on different days.



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DEA ACTIVITY

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Breaking News

DEA Serves Suspension Order On Walgreen Distribution Center In Jupiter, Florida

9/15/2012 4:58 PM ET
The U.S Drug Enforcement Administration or DEA announced that on Friday it issued an Immediate Suspension Order to Walgreen (WAG: Quote) Distribution Center in Jupiter, Florida. The order bars Walgreens Jupiter from handling controlled substances including oxycodone and hydrocodone, pending a judicial proceeding.

The Walgreens Jupiter is one of twelve distribution centers owned and operated by the Walgreens Corporation in Deerfield, Illinois, which is also the parent company to more than 7800 Walgreens retail pharmacies in the United States. The Walgreens Jupiter distributes controlled substances exclusively to its own Walgreens pharmacies located on the east coast of the United State, including the state of Florida.

Since 2009, Walgreens Jupiter has been the single largest distributor of oxycodone products in Florida. At about the same time as the abuse of prescription drugs became an epidemic in Florida, Walgreens' Florida retail pharmacies, supplied by Walgreens Jupiter, commanded an increasingly large percentage of the oxycodone business, the DEA said on Friday.

Oxycodone is a Schedule II controlled substance which is highly addictive and known to be highly abused and diverted in the state of Florida.

On April 4, 2012, the DEA Miami Field Division served an Administrative Inspection Warrant or AIW on Walgreens

American Pain: The Largest U.S. Pill Mill's Rise

THE MIGRATION



CFR 1306.04 (A)

- ▶ A prescription for a controlled substance to be effective **must be issued for a legitimate medical purpose** by an individual practitioner acting **in the usual course of his professional practice.**



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CFR 1306.04 (A)

- ▶ The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a **corresponding responsibility rests with the pharmacist who fills the prescription.**



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CFR 1306.04 (A)

- ▶ An order purporting to be a prescription issued not in the usual **is not a prescription** within the meaning and intent of section 309 of the Act course of professional treatment (21 U.S.C. 829); and
- ▶ **The person knowingly filling such a purported prescription**, as well as the person issuing it, **shall be subject to the penalties** provided for violations of the provisions of law relating to controlled substances



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PHARMACIST'S CORRESPONDING RESPONSIBILITIES

- ▶ Geographical distance between the Dr. and the patient or between the pharmacy and the patient
 - ➔ Would you fill a prescription for a patient that resides in Ohio, prescribed by a physician in Florida at a Rite Aid in Massachusetts?
 - ➔ NO



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PHARMACIST'S CORRESPONDING RESPONSIBILITIES

► Validate the prescription

- Is contacting the prescriber's office and receiving a confirmation that the prescription was written by the prescriber sufficient in the previous scenario?
- NO



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THE TRINITY/HOLY TRINITY

- ▶ Is there a legitimate medical reason for a patient to be prescribed an opiate, a benzodiazepine and carisoprodol?
 - NO



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PDMP

- ▶ Encourage pharmacists to check the PDMP in available states
- ▶ Accessible through the Rite Aid Portal
- ▶ Check if there are “Red Flags”
 - ↳ Is the patient in the geographic area of the pharmacy
 - ↳ Is the prescriber known to the pharmacy
 - ↳ Has the patient been on a controlled substance for more than 12 weeks
 - ↳ Is there suspicious activity
 - Early refills
 - Large quantities
 - Cash



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REPORT SUSPICIOUS ACTIVITY

- ▶ Your pharmacists should report these trends to the PDM
- ▶ PDM
 - ↳ Conduct a store visit
 - ↳ Gather information
 - ↳ Doctor detailing?
 - ↳ Report to Government Affairs
 - Deaths/OD
 - File Net Claims



SERVICE | GROWTH | EXCELLENCE

CLINIC PROTOCOL

- ▶ Upon a second request for a threshold increase
 - ↳ Clinic Protocol will be sent to PDM and APDM
 - Verify prescriber and credentials
 - Verify physical location of the clinic/office
 - Take pictures of exterior and interior of office - COVERTLY
 - Review prescribing patterns
 - Contact local DEA/BOP/Medical board to inquire about complaints/issues/concerns
 - ↳ Deemed clinically appropriate



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CLINIC PROTOCOL

- ▶ Deemed clinically appropriate
 - ↳ Assess the volume of new business generated
 - ↳ Review security of the pharmacy
 - ↳ Determine thresholds
 - ↳ Applicable documentation being proper obtained and handled within all state/federal laws and regulations
 - ↳ Quarterly completion of DEA checklist
 - ↳ Review clinic and standards every 6 months



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PHARMACY ROBBERIES

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PREVENTION TIPS

- ▶ G.E.T. – Greet customers as they enter your pharmacy.
 - ↳ Be aware if they are wearing masks, hoods, latex gloves, etc.
- ▶ Be aware of your surroundings
- ▶ Controlled safes/cabinets must be locked when not in use
- ▶ Keep pharmacy doors locked at all times
- ▶ Never leave the pharmacy area unattended



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PREVENTION TIPS

- ▶ Wipe counters and front doors
 - ↳ Finger prints
- ▶ Mark your bottles
 - ↳ RA and store number
 - ↳ Provides a link for law enforcement



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DURING AN EVENT

- ▶ Primary concern
 - ↳ Safety of coworkers and customers
- ▶ Do not resist
- ▶ Remain calm – no sudden movements
- ▶ Cooperate and follow instructions given by the robber
 - ↳ Do exactly what you are told, nothing more, nothing less, do not argue
- ▶ Make mental notes of the robber – hair, clothing, shoes, tattoos, scars, etc.
- ▶ Do not attempt to apprehend the criminal



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POST ROBBERY EVENT

- ▶ Lock the front doors
 - ↳ Prevent re-entry of the robber
- ▶ Call 911
- ▶ Immediately get treatment for anyone that maybe injured (Within limits of ability)
- ▶ Protect the crime scene
 - ↳ Don't touch anything and stop others from touching
- ▶ Call the DM/PDM/APDM
 - ↳ DM/PDM/APDM – contact RVP/RXVP/AP Director
- ▶ Obtain names and phone numbers of customer witnesses if possible



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POST ROBBERY EVENT

- ▶ Write everything down – robbery questionnaire as soon as possible
 - ↳ Don't compare notes before completing, get individual accounting
 - ↳ Don't rely on memory
- ▶ Do NOT stop or review surveillance video until speaking to the APDM
- ▶ Notify HRM – coordinate assistance (EAP)




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ROBBERY QUESTIONNAIRE



DESCRIPTION OF OFFENDER Don't guess - if you are unsure about any aspect leave blank.

First Offender
Sex _____ Age _____
Race/Complexion _____
Height _____ Build _____
Hat (color/type) _____
Hair (color/cut) _____
Facial Hair (beard, mustache, goatee) _____
Glasses _____
Scarf/Bandana/Tie _____
Tattoos/Scars/Marks _____
Shirt/Blouse _____
Coat/Jacket _____
Gloves _____
Trousers/Skirt _____
Shoes _____
Jewelry (watch, ring, necklace, etc.) _____









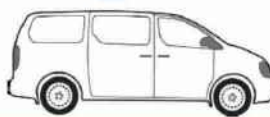
Second Offender
Sex _____ Age _____
Race/Complexion _____
Height _____ Build _____
Hat (color/type) _____
Hair (color/cut) _____
Facial Hair (beard, mustache, goatee) _____
Glasses _____
Scarf/Bandana/Tie _____
Tattoos/Scars/Marks _____
Shirt/Blouse _____
Coat/Jacket _____
Gloves _____

- After the suspect has fled the store:
- Lock the store
 - Call 911
 - Preserve the scene
 - Record the incident
 - Hand out the questionnaire
- Date of Store CCT As Ti

DESCRIPTION OF VEHICLE

License Plate Number _____ Approximate Year _____
Color of Vehicle _____ Direction of Travel _____
Vehicle Make _____ Number of Occupants _____
Other Distinctive Features _____

PLEASE CIRCLE the image below that best describes the vehicle:

<p>Full Size</p> 	<p>Compact</p> 	<p>Motorcycle</p> 	<p>Bicycle</p> 
<p>Pick Up</p> 	<p>Sports Utility (SUV)</p> 	<p>Van</p> 	

POST ROBBERY EVENT PDM RESPONSIBILITIES

- ▶ Get an accounting of items stolen
- ▶ File a suspected loss form if controlled substances are taken
 - ↳ Follow up with a 106 form



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POST ROBBERY EVENT APDM RESPONSIBILITIES

- ▶ Ensures crime scene is secured properly, if not already done
- ▶ Update Asset Protection Director throughout investigation
- ▶ Coordinates investigation with police:
 - ↳ Obtain written statements from associate witnesses
 - ↳ Secure copy of any surveillance recordings
 - ↳ Take photographs of the scene when necessary
 - ↳ Identify losses in funds, merchandise, or property damages
 - ↳ Follow-up with assigned police investigator(s) until case is solved
- ▶ Case entry into Ethics Point



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COMBAT METHAMPHETAMINE

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PSEUDOEPHEDRINE

- ▶ Class I Chemical
- ▶ Must be behind the RX counter
 - ↳ Secured when RX department is closed
- ▶ Must utilize license capture
- ▶ Data to Meth Check (& DEA)
- ▶ Data for law enforcement (portal/Alycia Pote)
- ▶ Must report significant thefts to the DEA
 - ↳ Not on a Form 106, simply a letter stating the circumstance of theft or loss of PSE



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PSEUDOEPHEDRINE TRANSACTIONS

- ▶ Can you detect a suspicious transaction?
 - ↳ Customers arrive as a group
 - Each purchases PSE products up to the transaction limit
 - ↳ Customers attempt to purchase up to the transaction limit on the same day and/or repeatedly within a few days
 - Frequent MethCheck rejections
 - ↳ Buy only the largest package size available
 - ↳ Can't pronounce pseudoephedrine
 - ↳ Traveling long distances to buy PSE – out of State Driver's License or ID
 - ↳ Expired/damaged /defaced government issued ID

PSEUDOEPHEDRINE TRANSACTIONS

↳ Buys in the same transaction

- Alcohol
- Drain cleaner
- Rock salt
- Lighter fluid
- Coffee filters
- Matches
- Wears an I love crystal meth t-shirt



↳ Pays cash



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WHAT CAN YOU DO IF YOU SUSPECT A SUSPICIOUS PSE TRANSACTION?

▶ Deny the Sale

- ↳ Responsibility to deny the sale if you feel it is not for a legitimate reason
- ↳ Cannot profile - indicators
- ↳ Cannot solely rely on MethCheck

▶ Product Placement

- ↳ Moving PSE product out of customers view
- ↳ Work with PDM on product placement

▶ Report Suspicious Activity to PDM/APDM

- ↳ Investigate



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ASSOCIATE RESPONSIBILITIES

- ▶ Must ensure customer ID's are valid
 - ↳ Match photo
- ▶ Scan ID
 - ↳ Manually inputted data must be accurate
 - ZZZZZZZZZZ
 - VVVVVVVV
- ▶ Do not place returned PSE on shelf for resale
- ▶ Properly handling requests from law enforcement on PSE sales information.



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QUESTIONS?



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GOV'T AFFAIRS/ASSET PROTECTION

Janet Hart

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Sophia Lai

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Notes Summary:

Slide 115: 'Suggest strongly that the stores print the work sheet prior to staring the inventory. Full and partial packages are reported.'

Slide 143: 'Bad doctors/Pill Mills

Patient resides in the geographical area of the pharmacy

Prescriber is familiar to the pharmacist

Other medications on the profile - maintenance meds/medication history

Form of payment

Frequency - early refills

Significant quantities prescribed - MD's and Rph's responsible for OD's

Do not call the number on the prescription, call the prescriber's number on file in NexGen - fake doctors

PDMP'